Protocol 700-R1-P

Respiratory Distress

Rev: 2/18

BLS Treatment

- Treat life threats. (See Procedure 701 *Life Threats*)
- Place patient in position of comfort.
- Observe for signs of severe respiratory distress (Table 1)
- Keep patient and family calm.
  - Remember to keep the child in the lap of a caregiver whenever possible on scene. This will keep the child calmer, help to prevent further worsening of symptoms, and allow for better evaluation of the child's respiratory status.
- Prepare for transport/transfer of care.

ALS Treatment

- Treat life threats. (See Procedure 701 *Life Threats*)
- Cardiac Monitor and determine rhythm
- Obtain baseline SpO_2 on room air or baseline O_2 usage
  - Titrate O2 to main SpO_2 above 94%
- If child presents with symptoms consistent with croup (history of upper respiratory infection, fever, "seal bark" cough, or stridor) consider blow by nebulized NS to cool inflamed subglottic tissues.
- Consider CPAP if ≥ 8 years old
- Treat in accordance with suspected condition (Table 2)
- Transport/Contact Base Station.

Table 1: Signs of Severe Respiratory Distress

• ALOC • Sig. accessory muscle use • fatigue	• low SpO_2, • poor skin signs • Elevated $EtCO_2$ • inability to speak

Special Considerations

- An increased work of breathing - typified by retractions, grunting, head bobbing and nasal flaring is the most specific indicator of respiratory distress.
- Fatigue is the most specific indicator for impending respiratory failure.
- Respiratory failure is the number one cause of pediatric cardiac arrest. Bradycardia is almost always caused by hypoxia in children and is an ominous and late finding.

David Ghilarducci MD
EMS Medical Director

Table 2: Treatment Protocols for Respiratory Distress	
Suspected Croup (Stridor)	**Bronchospasm (Diffuse Wheezing)**

• **Normal Saline** via nebulizer	• **Albuterol**: 2.5 mg via nebulizer
	• Repeat **Albuterol** as needed
	  ○ Obtain base contact if HR >180
	• If the patient is in severe distress and his/her tidal volume decreased,
	  ○ administer **Albuterol** via in-line CPAP or BVM
	• If, after all other interventions, the patient's condition remains the same or worsens, consider
	  ○ **Epinephrine** 0.01 mg/kg (1: 1,000) 1mg/1ml: 0.3 mg IM every 3-5 minutes to a max of 0.6mg.

Allergic Reaction/ Anaphylaxis	
• See Policy *M2 - Allergic Reaction*	
Smoke Inhalation	
• See Policy *R2 – Smoke Inhalation*	