### History and Physical:

<table>
<thead>
<tr>
<th>Historical Findings</th>
<th>Physical Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ History of asthma</td>
<td>❖ Dyspnea with wheezing or prolonged expiratory phase</td>
</tr>
</tbody>
</table>

### Assessment:

- Respiratory Assessment
- Differential Diagnoses: Asthma, Bronchiolitis, Pneumonia, Epiglottitis, Croup

### Clinical Management Options:

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Pharmacology</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Oxygen therapy as appropriate</td>
<td>❖ <strong>Albuterol</strong> 2.5 mg PRN</td>
</tr>
</tbody>
</table>
| ❖ Vascular Access | ❖ **Epinephrine** 1:1000 0.15mg IM  
  o For severe dyspnea or near respiratory failure |
| ❖ Fluid Bolus PRN  
  o Assess for pulmonary edema | ❖ **Nebulized Epinephrine** 1:1000 1mg PRN  
  o For Croup or Epiglottitis  
  o Dilute in 3ml Saline |
| ❖ Noninvasive ventilation | ❖ **Methylprednisolone** 2 mg/kg IV/IO  
  o For wheezing |

### Additional Information:

- Croup is a viral infection usually seen in children 18 months – 3 years of age
- Epiglottitis is a bacterial infection often seen in children 3-7 years of age