Follow Initial Protocol for All Patients

- Utilize EtCO2 monitoring

Goals:
- Decrease respiratory distress and work of breathing
- Maintain adequate oxygenation and perfusion

Signs/Symptoms:
- Respiratory distress
- Increased work of breathing
- Accessory muscle use
- SpO2 <90%

Documentation Key Points:
- Response to interventions
- Medications administered

Special Considerations
- Transport patient in position of comfort.
- If utilizing a BVM, consider adding PEEP valve.
- Avoid Racemic Epinephrine in cases with history of cardiovascular defect or epiglottitis

BLS

ALS

Interfacility

History of Asthma?

Consider Premixed DuoNeb Nebulized

H24. Ipratropium Bromide 0.5 mg

H3. Albuterol 2.5 mg

Consider
H3. Albuterol 2.5 mg Nebulized
May repeat as needed

Consider H16. Epinephrine
0.01 mg/kg IM
Max dose 0.3 mg

Consider H32. Methylprednisolone Succinate
2 mg/kg IV/IO
Max dose 125 mg

Respiratory Distress

Consider Premixed DuoNeb Nebulized

H24. Ipratropium Bromide 0.5 mg

H3. Albuterol 2.5 mg

Consider
H3. Albuterol 2.5 mg Nebulized
May repeat as needed

Suction as needed

Croup like findings?

Avoid agitating patient

Mild Cases consider nebulized
H46. Normal Saline

Consider H44. Racemic Epinephrine nebulized
0.5 ml of 2.25 % Solution with 2.5 ml Normal Saline

RSV

Albuterol/Ipratropium are not indicated in suspected RSV patients unless there is wheezing

Consider E1. Airway Management/Crash Airway

G6. Basic Airway Interventions

D7. Pediatric - Respiratory Distress

Original Adoption Date: 1/08
Past Protocol Updates: 12/13
Medical Director: Chad Torstenson, MD; Cory Vaudt, DO

Protocol: D7. Pediatric - Respiratory Distress
Date of Most Recent Update: 6/2020