



Pediatric Respiratory Distress – Wheezing

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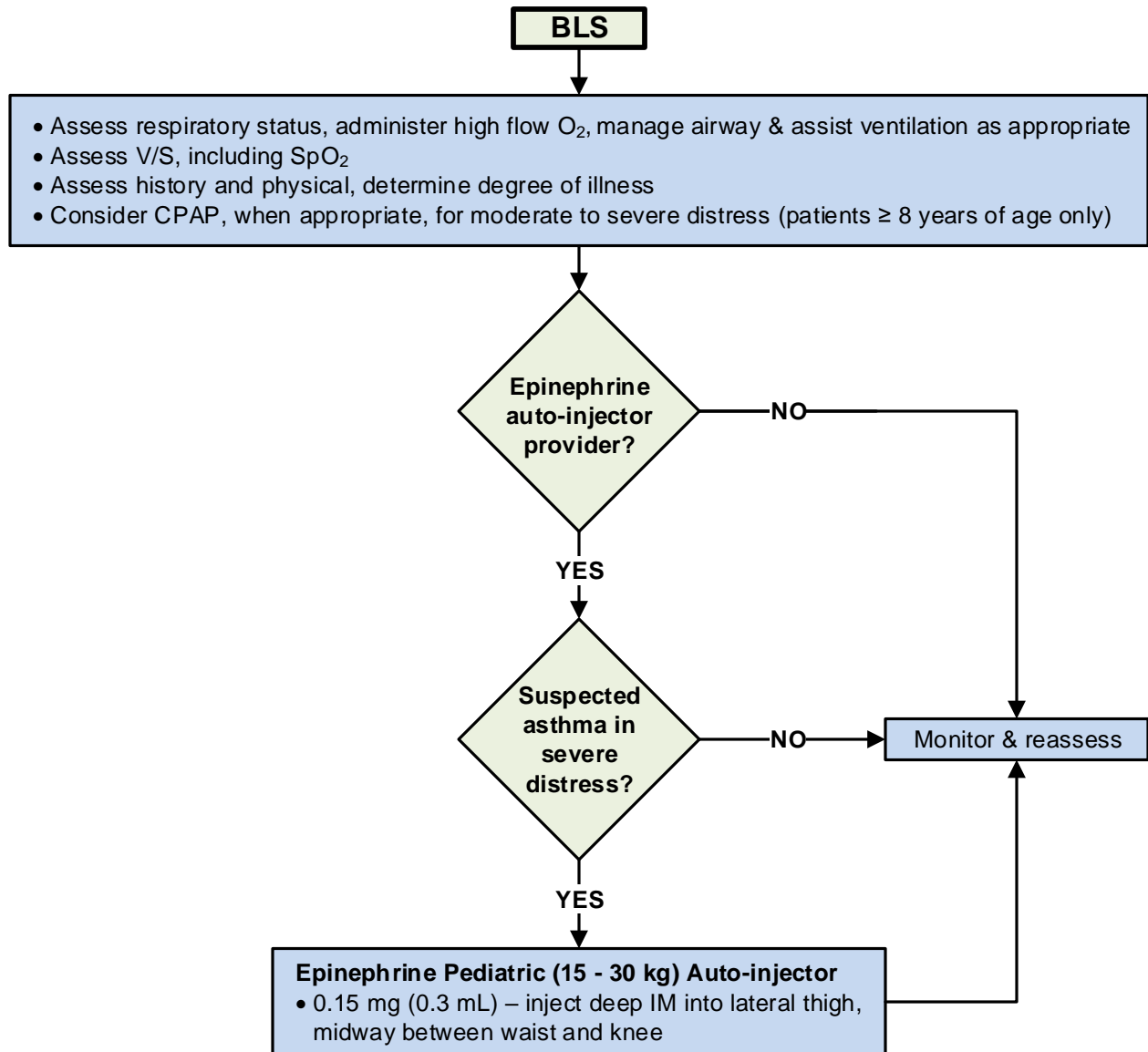
Approval: Victoria Pinette – Executive Director

Next Review: 09/2020

- Refer to Adult Respiratory Distress Treatment Protocol (R-3) for continuous positive airway pressure (CPAP) indications, contraindications and complications information
- Consider respiratory failure with a history of increased work of breathing and presenting with ALOC and a slow or normal respiratory rate without retractions
- Do not attempt to visualize the throat or insert anything into the mouth if epiglottitis suspected

EMT Epinephrine Auto-Injector Administration Criteria (epinephrine auto-injector optional skills providers only)

- Candidates for administration of auto-injector epinephrine by authorized EMT personnel are patients with suspected asthma, in severe distress (**auto-injector epinephrine for asthma is not authorized for PSFA or EMR personnel**)



See page 2 for ALS treatment



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ALS

Mild Distress

- Mild wheezing
- Mild shortness of breath
- Cough

Cardiac monitor

Albuterol 5 mg and Ipratropium 500 mcg

- Nebulizer
- May repeat (**albuterol 5 mg only**) if respiratory distress continues

Monitor & reassess

Moderate – Severe Distress

- Cyanosis
- Accessory muscle use
- Inability to speak > 3 words
- Severe wheezing/shortness of breath
- Decreased or absent air movement

- Cardiac monitor
- IV/IO NS (may bolus 20 mL/kg)

Albuterol 5 mg and Ipratropium 500 mcg

- Nebulizer, CPAP, or BVM
- May repeat (**albuterol 5 mg only**) if respiratory distress continues

- **Epinephrine 1:1,000 (for severe distress only)**
- 0.01 mg/kg IM (max dose = 0.3 mg)