Sierra – Sacramento Valley EMS Agency Treatment Protocol	P-14 (LALS)
Pediatric Respiratory Distress – Wheezing	
Approval: Troy M. Falck, MD – Medical Director	Effective: 12/01/2020
Approval: Victoria Pinette – Executive Director	Next Review: 11/2023

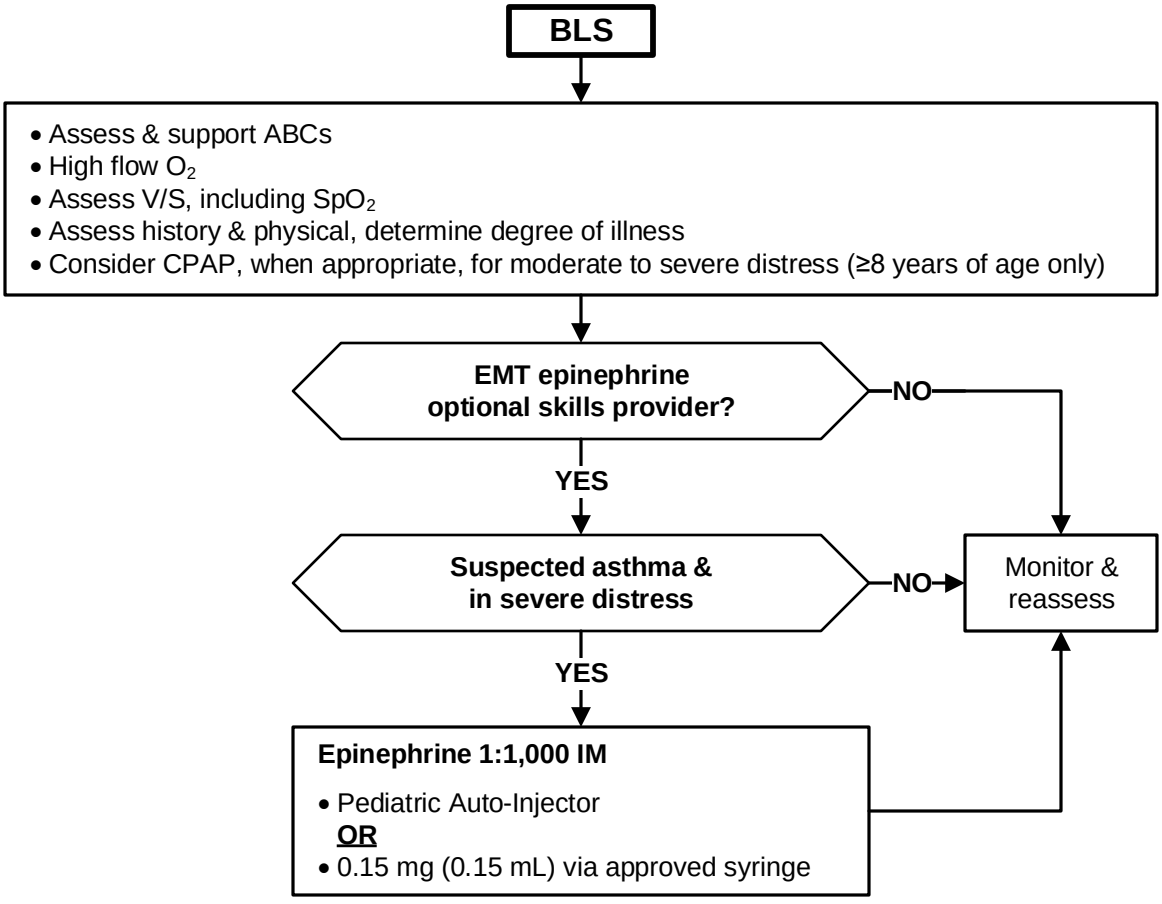
- Consider respiratory failure for pts with a history of increased work of breathing & presenting with ALOC & a slow or normal respiratory rate without retractions.
- Do not attempt to visualize the throat or insert anything into the mouth if epiglottitis suspected.

Continuous Positive Airway Pressure (CPAP) Utilization

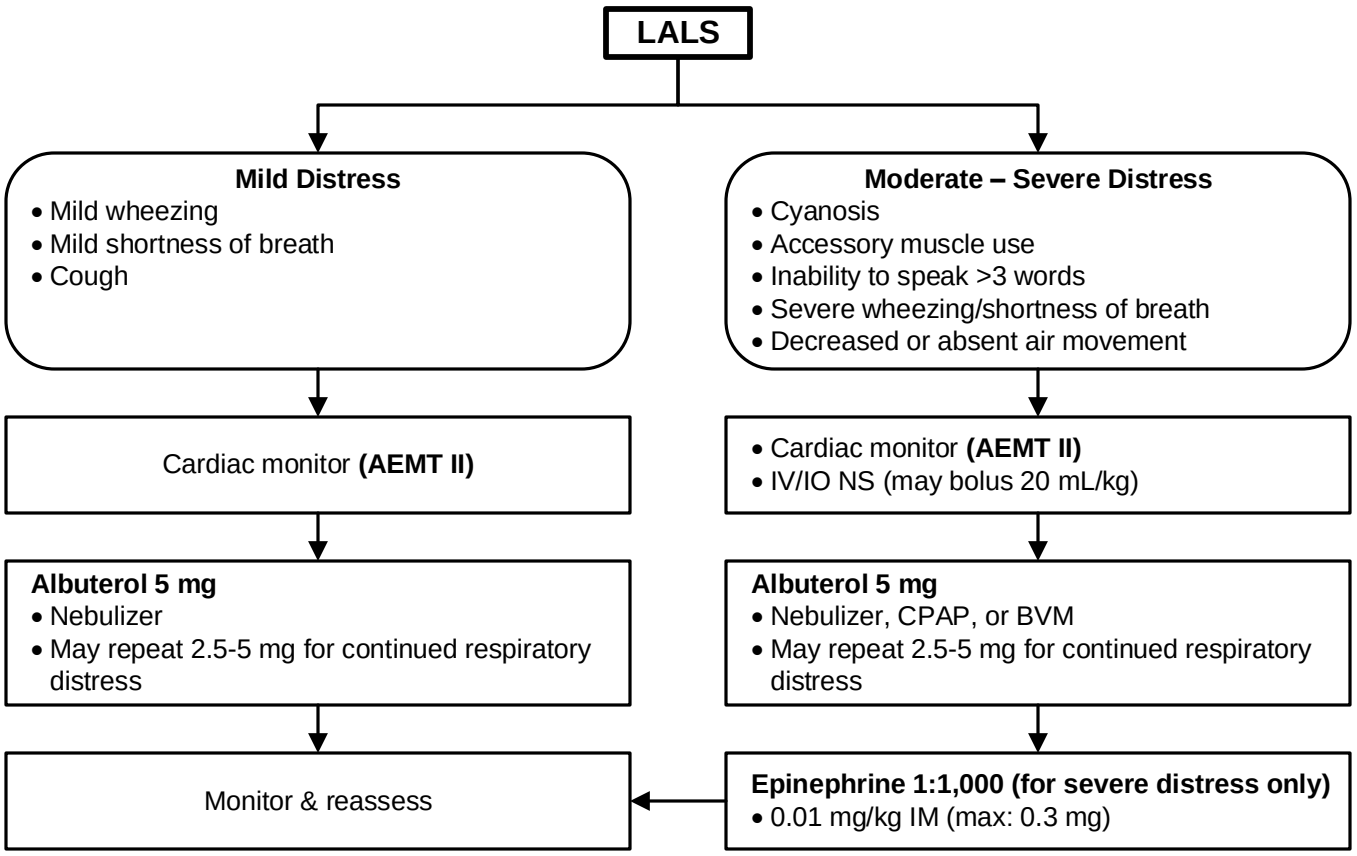
- **Indications:**
  - CHF with pulmonary edema
  - Moderate to severe respiratory distress
  - Near drowning
- **Contraindications:**
  - <8 years of age
  - Respiratory or cardiac arrest
  - Severe decreased LOC
  - Agonal respirations
  - Inability to maintain airway
  - Suspected pneumothorax
  - SBP <90
  - Major trauma, especially head injury or significant chest trauma
- **Complications:**
  - Hypotension
  - Pneumothorax
  - Corneal drying

Epinephrine Administration

- Epinephrine is only indicated for pts with suspected asthma who are in severe distress.
- Administer Auto-Injector/IM epinephrine into the lateral thigh, midway between waist & knee.



SEE PAGE 2 FOR LALS TREATMENT


LALS
Mild Distress
• Mild wheezing
• Mild shortness of breath
• Cough
Moderate – Severe Distress
• Cyanosis
• Accessory muscle use
• Inability to speak >3 words
• Severe wheezing/shortness of breath
• Decreased or absent air movement
Cardiac monitor (AEMT II)
• Cardiac monitor (AEMT II)
• IV/IO NS (may bolus 20 mL/kg)
Albuterol 5 mg
• Nebulizer
• May repeat 2.5-5 mg for continued respiratory distress
Albuterol 5 mg
• Nebulizer, CPAP, or BVM
• May repeat 2.5-5 mg for continued respiratory distress
Monitor & reassess
Epinephrine 1:1,000 (for severe distress only)
• 0.01 mg/kg IM (max: 0.3 mg)