



Pediatric Respiratory Distress – Wheezing

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Approval: Victoria Pinette – Executive Director

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- 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:

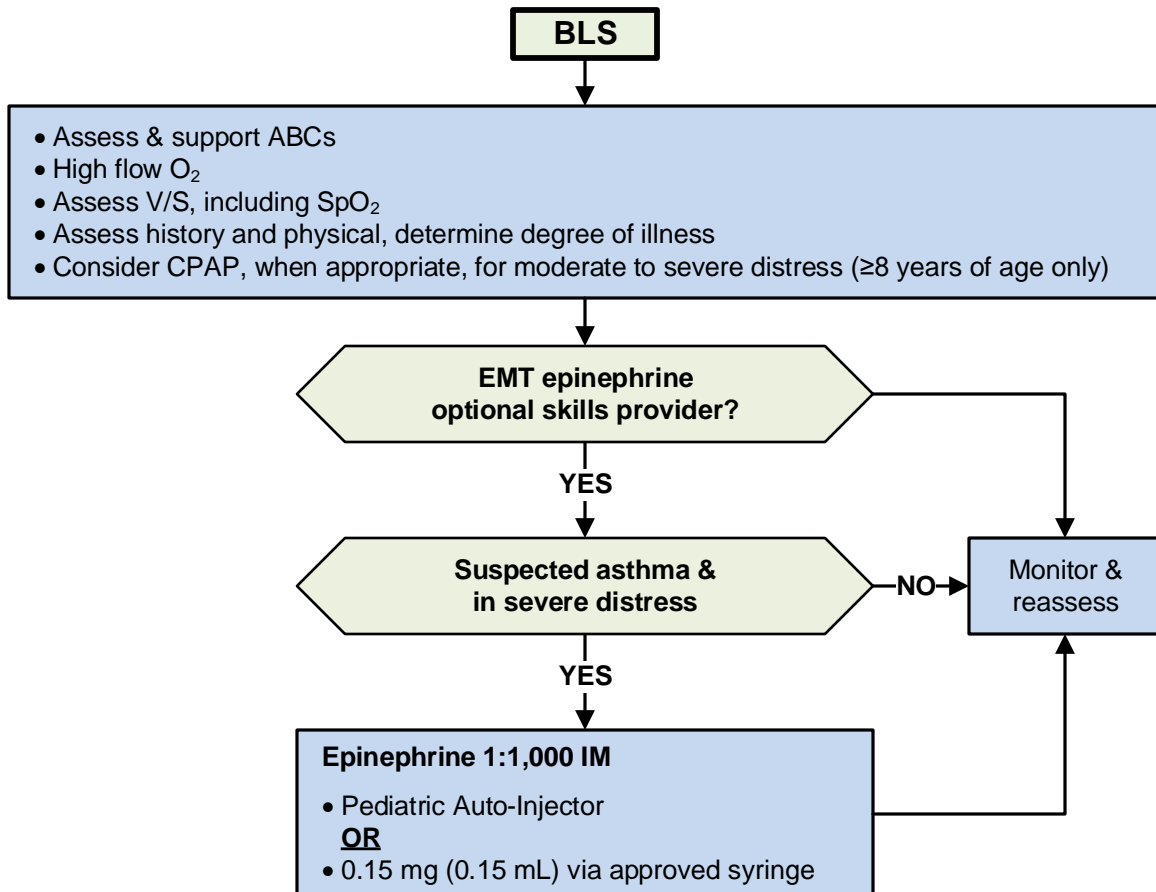
- <8 years of age
- Respiratory or cardiac arrest
- Severe decreased LOC
- Agonal respirations
- Inability to maintain airway
- Suspected pneumothorax
- SBP <90
- Major trauma, especially head injury or significant chest trauma

• 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 ALS TREATMENT



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ALS

Mild Distress

- Mild wheezing
- Mild shortness of breath
- Cough

Cardiac monitor

- Albuterol 5 mg & Ipratropium 500 mcg**
- Nebulizer
 - May repeat (**albuterol 2.5-5 mg only**) for continued respiratory distress

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 & Ipratropium 500 mcg**
- Nebulizer, CPAP, or BVM
 - May repeat (**albuterol 2.5-5 mg only**) for continued respiratory distress

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