



Pediatric Respiratory Distress

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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.
- The hallmark of upper airway obstruction (croup, epiglottitis, foreign body airway obstruction) is inspiratory stridor.
- Do not attempt to visualize the throat or insert anything into the mouth if epiglottitis suspected.

Continuous Positive Airway Pressure (CPAP) Utilization Information

• Indications:

- CHF with pulmonary edema
- Moderate to severe respiratory distress
- Near drowning

• Contraindications:

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

• Complications:

- Hypotension
- Pneumothorax
- Corneal drying

Epinephrine Administration

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

BLS

- Assess & support ABCs
- High flow O₂
- Assess V/S, including SpO₂
- Assess history & physical, determine degree of illness
- Minimize stimulation – keep pt calm & consider allowing parent to hold the child &/or O₂ delivery device if their presence calms the child
- Consider CPAP, when appropriate/indicated, for moderate to severe distress (pts ≥8 yo only)

Suspected asthma & in severe distress

YES

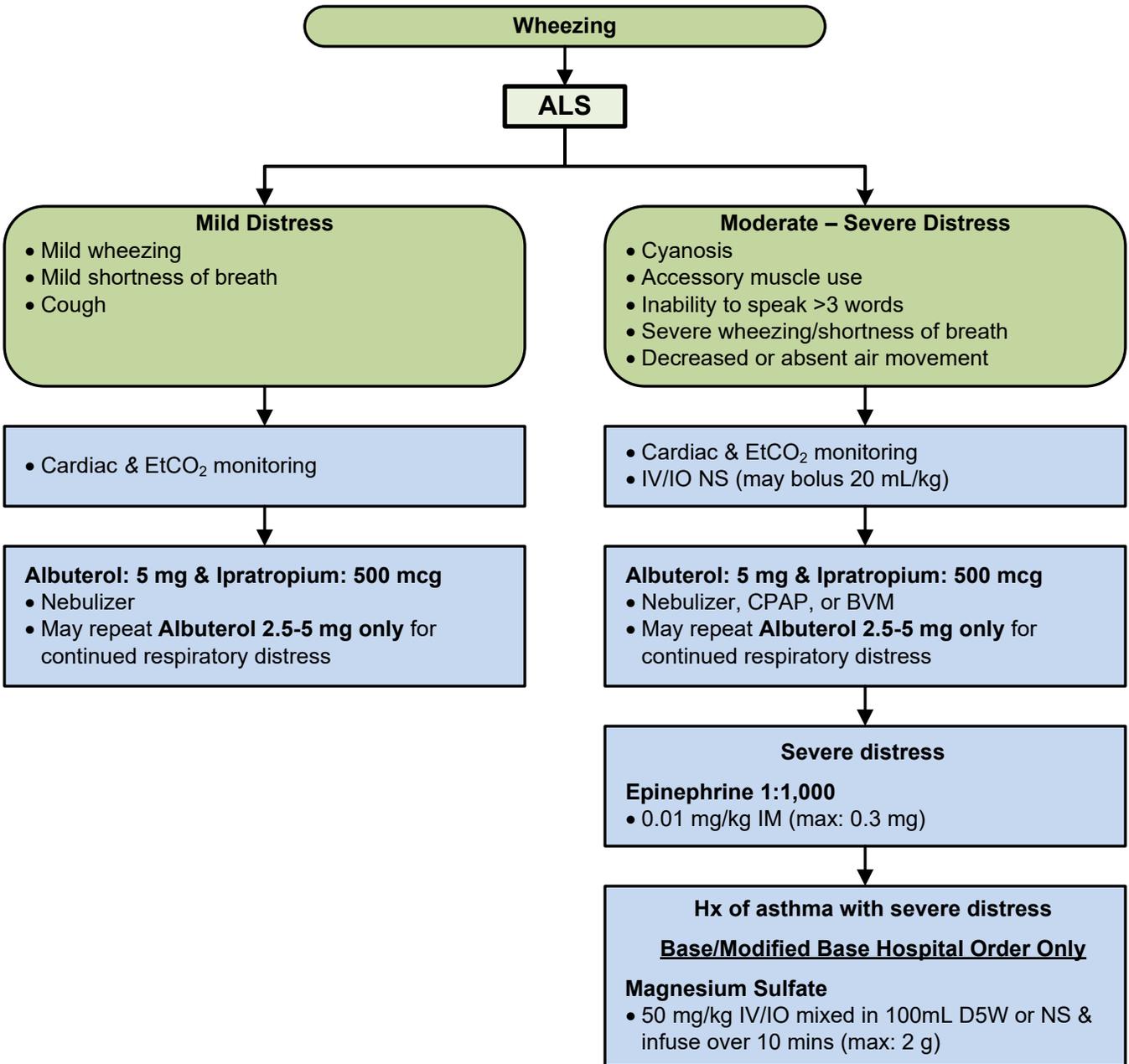
Epinephrine 1:1,000 IM (authorized/trained EMTs only)

- Pts 7.5 – 30 kg
 - 0.15 mg pediatric auto-injector **OR** 0.15 mg (0.15 mL) via approved syringe
- Pts >30 kg
 - 0.3 mg adult auto-injector **OR** 0.3 mg (0.3 mL) via approved syringe

See pages 2 & 3 for ALS treatment of wheezing or suspected croup/epiglottitis



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Suspected Croup/Epiglottitis

ALS

- Cardiac & EtCO₂ monitoring
- Consider nebulized saline
- **Minimize pt stimulation**
- If full upper airway occlusion suspected – ensure proper airway positioning & BVM seal, attempt to ventilate & reassess – **do not attempt i-gel**

Unable to ventilate/maintain airway utilizing less invasive procedures?

YES

Perform needle cricothyrotomy (pts ≥3 yo) as airway of last resort

NO

Base/Modified Base Hospital Order Only

Racemic epinephrine

- One (1) - 0.5 ml vial of 2.25% inhalation solution (mix with NS to = 5 ml of volume)

OR

Nebulized epinephrine

- 1:1000 - 0.5 mL/kg (max: 5 mL) nebulizer or BVM (if <5 mL, mix with NS to = 5 mL of volume)