

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
 POLICY / PROCEDURE / PROTOCOL

Number S-167
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SUBJECT: PEDIATRIC TREATMENT PROTOCOL
 RESPIRATORY DISTRESS

Date 07/01/2021

BLS

ALS

<ul style="list-style-type: none"> • Ensure patent airway • Reassurance • Dislodge any airway obstruction. Treat per Airway Obstruction Protocol (S-160). • O₂ saturation • O₂ and/or ventilate PRN • Transport in position of comfort • Carboxyhemoglobin monitor PRN, if available • May assist patient to self-medicate own prescribed albuterol MDI once only. BH contact required for additional dose(s). <p>Toxic inhalation (e.g., CO exposure, smoke, gas)</p> <ul style="list-style-type: none"> • Move patient to safe environment • 100% O₂ via mask • Consider transport to facility with hyperbaric chamber for suspected CO poisoning for unconscious or pregnant patients <p>Croup-like cough</p> <ul style="list-style-type: none"> • Aerosolized saline or water 5 mL via O₂-powered nebulizer/mask, MR PRN <p>Suspected bronchiolitis (<2 years old with no prior albuterol use)</p> <ul style="list-style-type: none"> • Place in position of comfort • Suction nose with bulb syringe PRN 	<ul style="list-style-type: none"> • Monitor/EKG • Capnography SO PRN • IV SO • BVM PRN <p>Respiratory distress with bronchospasm</p> <ul style="list-style-type: none"> • Albuterol per drug chart via nebulizer* SO, MR SO • Ipratropium bromide per drug chart via nebulizer[†] added to first dose of albuterol SO <p>Severe respiratory distress/failure or inadequate response to albuterol/ipratropium bromide consider</p> <ul style="list-style-type: none"> • Epinephrine 1:1,000 per drug chart IM SO, MR x2 q5 min SO <p>Respiratory distress with stridor at rest</p> <ul style="list-style-type: none"> • Epinephrine 1:1,000 per drug chart (combined with 3 mL normal saline) via nebulizer, MR x1 SO <p>No improvement after epinephrine via nebulizer x2 or impending respiratory/airway compromise</p> <ul style="list-style-type: none"> • Epinephrine 1:1,000 per drug chart IM SO, MR x2 q5 min SO <p>If history suggests epiglottitis, do not visualize airway. Use calming measures.</p>
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***Infection control:** If concerned about aerosolized infectious exposure, substitute with albuterol MDI, if available

†**Infection control:** If concerned about aerosolized infectious exposure, use patient's ipratropium bromide MDI, if available, or withhold ipratropium bromide