# Pediatric Treatment Protocol

## Respiration Distress

**BLS**
- 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).

**ALS**
- Monitor/EKG
- Capnography SO PRN
- IV SO
- BVM PRN

### Respiratory Distress with Bronchospasm
- Albuterol per drug chart via nebulizer* SO, MR SO
- Ipratropium bromide per drug chart via nebulizer† added to first dose of albuterol SO

### Severe Respiratory Distress/Failure or Inadequate Response to Albuterol/Ipratropium Bromide
- Epinephrine 1:1,000 per drug chart IM SO, MR x2 q5 min SO

### Respiratory Distress with Stridor at Rest
- Epinephrine 1:1,000 per drug chart (combined with 3 mL normal saline) via nebulizer, MR x1 SO

### No Improvement after Epinephrine via Nebulizer x2 or Impeding Respiratory/Airway Compromise
- Epinephrine 1:1,000 per drug chart IM SO, MR x2 q5 min SO

### If History Suggests Epiglottitis
- Do not visualize airway. Use calming measures.

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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