COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES	PEDIATRIC TREATMENT PROTOCOL	**S-167**
	RESPIRATORY DISTRESS	
	Date: 7/1/2025	**Page 1 of 1**

BLS	ALS
• 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). **Toxic inhalation (e.g., CO exposure, smoke, gas)** • 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 **Croup-like cough** • Aerosolized saline or water 5 mL via O_2-powered nebulizer/mask, MR PRN **Suspected bronchiolitis (<2 years old with no prior albuterol use)** • Place in position of comfort • Suction nose with bulb syringe PRN	• Monitor/ECG • Capnography • IV Ⓐ • BVM PRN **Respiratory distress with bronchospasm[1]** • Albuterol/Levalbuterol per drug chart via nebulizer, MR Ⓐ • Ipratropium bromide per drug chart via nebulizer added to first dose of albuterol/levalbuterol **Severe respiratory distress/failure or inadequate response to nebulized treatments consider** • Epinephrine 1:1,000 per drug chart IM, MR x2 q5 min Ⓐ **Respiratory distress with stridor at rest** • Epinephrine 1:1,000 per drug chart (combined with 3 mL normal saline) via nebulizer, MR x1 Ⓐ **No improvement after epinephrine via nebulizer x2 or impending respiratory/airway compromise** • Epinephrine 1:1,000 per drug chart IM, MR x2 q5 min Ⓐ **If history suggests epiglottitis, do not visualize airway. Use calming measures**

Note: For respiratory arrest, immediately start BVM ventilation

[1] **Infection control:** If concerned about aerosolized infectious exposure, substitute with MDI, if available