COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
POLICY/PROCEDURE/PROTOCOL
No. S-167
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Date: 07/01/2018

SUBJECT: PEDIATRIC TREATMENT PROTOCOL - RESPIRATORY DISTRESS

**BLS**

- Ensure patent airway
- Dislodge any airway obstruction
- O2 Saturation
- Transport in position of comfort
- Reassurance
- Carboxyhemoglobin monitor prn, if available
- O2 and/or ventilate prn
- May assist patient to self-medicate own prescribed MDI ONE TIME ONLY. Base Hospital contact required to any repeat dose.

**ALS**

- Monitor EKG
- IV SO adjust prn
- BVM prn
- Capnography monitoring SO prn

<table>
<thead>
<tr>
<th>Respiratory Distress with bronchospasm:</th>
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<tbody>
<tr>
<td>- Albuterol per drug chart via nebulizer SO. MR SO</td>
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<tr>
<td>- Atrovent per drug chart via nebulizer added to first dose of Albuterol SO</td>
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<th>If severe respiratory distress with bronchospasm or inadequate response to Albuterol/Atrovent, consider:</th>
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<tr>
<td>- Epinephrine 1:1,000 per drug chart IM SO. MR x2 q 5 minutes SO</td>
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<th>Respiratory Distress with stridor at rest:</th>
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<tr>
<td>- Epinephrine 1:1,000 per drug chart via nebulizer SO. MR x1 SO</td>
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**Note:** If history suggests epiglottitis, do NOT visualize airway. Utilize calming measures.
- Avoid albuterol in Croup.
- Consider anaphylaxis if wheezing in the patient with pediatric distress, especially if no history of asthma. Refer to Allergic Reaction/Anaphylaxis Protocol (S-162).

< 2 years old with no prior albuterol use (bronchiolitics) consider:
- suctioning of nose with bulb suction prn
- capnography, assessing respirations with a one minute count
- provide position of comfort
- O2 saturation prn pulse oximetry < 90% and/or respiratory distress (tachypnea, retractions, grunting)
- BVM to assist ventilation prn for significant respiratory distress, grunting, ALOC