

PEDIATRIC RESPIRATORY DISTRESS WITH WHEEZING



MILD DISTRESS: Alert, pink, comfortable, able to speak easily.

1. Observe respirations and perform auscultation on lungs.
2. Administer **O₂** at 8-15 LPM by mask or blow-by.
3. Transport patient ASAP.

MODERATE DISTRESS: Tachypneic, slight accessory muscle use, and minimal retractions.

1. Observe respirations and perform auscultation on lungs.
2. Allow patient to assume position of comfort, with parent if necessary.
3. Administer O₂ at 8-15 LPM by mask or blow-by.
4. Monitor pulse oximetry, if available. Administer titrate O₂ and ventilate to maintain SPO₂ at ≥ 90% .
5. Apply cardiac monitor.
6. Administer **albuterol (Ventolin[®])** at 2.5 mg in 3 ml NS (3 ml premix) via SVN.
7. Consider administration of **ipratropium bromide (Atrovent[®])**.*
8. Transport patient ASAP.

SEVERE DISTRESS: Tachypneic, accessory muscle use, retractions, difficulty speaking, cyanosis.

1. Follow steps 1-7 for moderate distress.
2. Repeat Ventolin[®] administration q 15 minutes until improvement.
3. Establish IV/IO access. Consider administration of NS at TKO rate.

*If ipratropium bromide is also supplied in a premix unit dose with Albuterol (Combivent, Duoneb).