



Respiratory Distress/Asthma/COPD/ Croup/Reactive Airway





Medical (Pediatric)

CRITERIA

- Any child who exhibits the signs or symptoms of respiratory distress such as: abnormal respiratory rate, abnormal respiratory effort, abnormal breath sounds, cyanosis, or use of accessory muscles, including but not limited to:
 - Asthma
 - Bronchiolitis
 - Bronchospasm
 - Croup
 - Epiglottitis
 - Foreign Body Airway Obstruction (FBAO)
 - Pneumothorax
 - Pneumonia

PROTOCOL

EMR	Follow <i>General – Universal Patient Care/Initial Patient Contact Protocol</i> .	EMR
EMR	Allow the patient to assume a position of comfort.	EMR
EMT	Obtain and record EtCO ₂ and pulse oximetry.	EMT
<u>Suspected Foreign Body Airway Obstruction</u>		
EMR	Perform the appropriate BLS foreign body airway obstruction maneuvers.	EMR
P	Unresponsive: Perform laryngoscopy to remove object.	P
<u>Asthma/Bronchospasm over 2 years of age</u>		
A	Mild or intermittent: Administer unit dose nebulized <i>Albuterol Sulfate (Proventil) (3 mL of 0.083% solution)/Ipratropium Bromide (Atrovent) (3mL of 0.02% solution)</i> .	A
A	Severe or persistent: Administer unit dose nebulized <i>Albuterol Sulfate (Proventil)(3 mL of 0.083% solution)/Ipratropium Bromide (Atrovent) (3mL of 0.02% solution)</i> . Repeat unit dose nebulized <i>Albuterol Sulfate (Proventil)(3 mL of 0.083% solution), as necessary.</i>	A
I	Consider <i>Epinephrine:</i> Greater than 30 kg: 1:1,000 0.3 mg IM Less than 30 kg: 1: 1,000 0.01 mg/kg IM	I
[I]	Administer <i>Methylprednisolone (Solu-Medrol) 2 mg/kg IV up to 125 mg.</i>	[I]
	Anaphylaxis: <i>See Medical – Allergic Reaction/Anaphylaxis (Pediatric) Protocol.</i>	



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<u>Status Asthmaticus</u>		
EMT	Follow Asthma protocol (section 1 above).	EMT
I	Administer <i>Epinephrine</i> : Greater than 30 kg: 1:1,000 0.3 mg IM Less than 30 kg: 1:1,000 0.01 mg/kg IM	I
<u>Epiglottitis</u>		
EMT	Do not aggravate the child, do not attempt to visualize the airway – supportive care only.	EMT
<u>Bronchiolitis/Croup/Stridor</u>		
EMT	Consider nebulized 3 mL 0.9% Normal Saline (for inhalation) for cold mist therapy; may be repeated as needed during transport.	EMT
[A]	In moderate to severe cases, administer <i>Epinephrine 1:1000</i> 3 mL nebulized followed with nebulized 0.9% Normal Saline (for inhalation) .	[A]
<u>Tension Pneumothorax</u>		
[I]	Needle decompression.	[I]
<u>Hyperventilation Syndrome</u>		
EMT	Coach patient to control breathing.	EMT

PEARLS

🔔 Consider past and present medical history and physical exam

🔔 Symptoms of Status Asthmaticus include:

- Respiratory rate greater than 30 per minute
- Retraction of the neck muscles on inhalation
- Restlessness, fainting, agitation
- Silent chest

🔔 Treat all patients with acute respiratory distress as priority patients

🔔 Use caution when using CPAP for asthma patients