PEDS AIRWAY/RESP : RESPIRATORY DISTRESS UPPER AIRWAY

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M

UNIVERSAL PATIENT CARE PROTOCOL

Calm Patient
Position Patient Sitting Upright
Do not Lay Patient Down

PULSE OXIMETERY PROCEDURE

Mild – Moderate Distress

Aerosol
Cool Mist with Sterile Water

Severe Distress

RACEPINEPHRINE (RACEMIC EPI)
0.5 ml Diluted to 3 ml with Sterile Water
Nebulized @ 6 lpm O2
over 15 minutes x 1 treatment

STOP Do not administer if discolored beyond slightly Yellow

OR

EPINEPHRINE (ADRENALINE)
1:1000 (Undiluted Dose)
3 ml (< 10 kg) 5 ml (> 10 kg)
Nebulized at 6 lpm oxygen x 1 Dose

TRANSPORT to appropriate facility
CONTACT receiving facility
CONSULT Medical Direction where indicated

PEDS AIRWAY/RESP : RESPIRATORY DISTRESS UPPER AIRWAY-Cont.

PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL
• Time of onset • Possibility of foreign body • Medical history • Medications • Fever or respiratory infection • Other sick siblings • History of trauma	• Anxious appearance • Barking cough • Stridor • Gagging • Drooling • Inability to swallow • Increased respiratory effort	• Asthma • Aspiration • Foreign body • Infection • Pneumonia • Epiglotitis • Congenital heart disease • Medication or toxin • Trauma

- **Exam: Mental Status, HEENT, Skin, Neck, Heart, Lungs, Abdomen, Extremities, Neuro**
- CONSIDER FOREIGN BODY AIRWAY OBSTRUCTION
- Do not force a child into a position. They will protect their airway by their body position.
- The most important component of respiratory distress is airway control.
- **Croup** typically affects children < 2 years of age. It is viral, possible fever, gradual onset, no drooling is noted.
- **Epiglottitis** typically affects children > 2 years of age. It is bacterial, with fever, rapid onset, possible stridor, patient wants to sit up to keep airway open, and drooling is common. Airway manipulation may worsen the condition. **DO NOT attempt invasive procedures on the conscious patient who is suspected to have epiglottis.**
- DO NOT attempt an invasive airway procedure unless the patient is in respiratory arrest.
- **Stridor**, gagging or choking in the breathing patient with respiratory distress may indicate upper airway obstruction.
- **Wheezing** in the breathing patient with respiratory distress indicates lower airway disease, which may come from a variety of causes. The patient with severe lower airway disease may have altered LOC, be unable to talk, may have absent or markedly decreased breath sounds and severe retractions with accessory muscle use.
- If the patient has signs of respiratory failure, begin to assist ventilations with BVM, even when they are breathing.