

**Treatment Protocols**

**Date: 02/01/2021**

**Respiratory Distress or Failure - Pediatric**

**Policy #9170P**

<b>Stable</b> Blood pressure appropriate for age	<b>Unstable</b> Systolic blood pressure low for age, and/or signs of poor perfusion
<b>Pediatric BLS Standing Orders</b>	
<ul style="list-style-type: none"> <li>• <b>Universal Patient Protocol</b></li> <li>• Ensure patent airway, give oxygen and/or ventilate PRN per <b>Airway Policy</b></li> <li>• Maintain O2 saturation &gt; 95%</li> <li>• Monitor O2 saturation, ECG, blood pressure, and capnography (if ALS present) continuously PRN</li> <li>• Suction aggressively as needed</li> </ul> <p><b><u>RESPIRATORY DISTRESS WITH SUSPECTED BRONCHOSPASM</u></b></p> <ul style="list-style-type: none"> <li>• May assist patient with prescribed albuterol inhaler</li> </ul> <p><b><u>SUSPECTED ACUTE STRESSOR/HYPERVENTILATION SYNDROME</u></b></p> <ul style="list-style-type: none"> <li>• Remove from any causative environment</li> <li>• Coaching / reassurance</li> <li>• Do not utilize bag or mask rebreathing</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Universal Patient Protocol</b></li> <li>• Ensure patent airway, give oxygen and/or ventilate PRN per <b>Airway Policy</b></li> <li>• Maintain O2 saturation &gt; 95%</li> <li>• Monitor O2 saturation, ECG, blood pressure, and capnography (if ALS present) continuously PRN</li> <li>• Suction aggressively as needed</li> </ul> <p><b><u>RESPIRATORY DISTRESS WITH SUSPECTED BRONCHOSPASM</u></b></p> <ul style="list-style-type: none"> <li>• May assist patient with prescribed albuterol inhaler</li> </ul> <p><b><u>SUSPECTED ACUTE STRESSOR/HYPERVENTILATION SYNDROME</u></b></p> <ul style="list-style-type: none"> <li>• Remove from any causative environment</li> <li>• Coaching / reassurance</li> <li>• Do not utilize bag or mask rebreathing</li> </ul>
<b>Pediatric LALS Standing Order Protocol</b>	
<ul style="list-style-type: none"> <li>• Establish IV access PRN</li> </ul> <p><b><u>SUSPECTED BRONCHOSPASM</u></b> (Suspected asthma)</p> <ul style="list-style-type: none"> <li>• Albuterol weight based</li> </ul>	<ul style="list-style-type: none"> <li>• Establish IV access</li> <li>• Provide 10-20 ml/kg IV bolus for hypotension if cardiac cause not suspected</li> </ul> <p><b><u>SUSPECTED BRONCHOSPASM</u></b> (Suspected Asthma)</p> <ul style="list-style-type: none"> <li>• Albuterol weight based</li> </ul>
<b>Pediatric ALS Standing Orders</b>	
<p><b><u>SUSPECTED BRONCHOSPASM</u></b></p> <ul style="list-style-type: none"> <li>• Albuterol weight based</li> <li>• Consider NIPPV PRN – See <b>NIPPV Procedure</b> (for adult sized pediatric patients only)</li> </ul> <p><b><u>CROUP / SUSPECTED CROUP</u></b></p> <ul style="list-style-type: none"> <li>• NS or Sterile Water – 5 mL Aerosolized via nebulizer mask, may repeat PRN</li> </ul>	<ul style="list-style-type: none"> <li>• Establish IO PRN</li> <li>• Provide 10-20 ml/kg IO bolus for hypotension if cardiac cause not suspected</li> </ul> <p><b><u>SUSPECTED BRONCHOSPASM</u></b></p> <ul style="list-style-type: none"> <li>• Albuterol weight based</li> <li>• Consider NIPPV PRN – See <b>NIPPV Procedure</b> (for adult sized pediatric patients only)</li> </ul> <p><b>NIPPV can increase intrathoracic pressure and drop a patient’s blood pressure. Perform frequent BP rechecks, and do not use in profound or refractory hypotension.</b></p> <p><b><u>CROUP / SUSPECTED CROUP</u></b></p> <ul style="list-style-type: none"> <li>• NS or Sterile Water – 5 mL Aerosolized via nebulizer mask, may repeat PRN</li> </ul>

**Treatment Protocols****Date: 02/01/2021*****Respiratory Distress or Failure - Pediatric*****Policy #9170P****Pediatric Base Hospital Orders****EPIGLOTTITIS/ SUSPECTED EPIGLOTTITIS W/  
STRIDOR**

- BHP – Epinephrine 1:1,000 weight based via nebulizer, monitor ECG during administration

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**Notes:**

- Not all wheezing is from bronchospasm. A cardiac wheeze can occur from heart failure. If a pediatric patient has known cardiac history (congenital heart abnormality or Kawasaki's disease for example) consider early Base Station contact and NIPPV.
- If a pediatric patient presents with stridor or significant upper airway noise, consider foreign body ingestion/aspiration as source of distress

APPROVED:

Signature on File

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