

Pediatric Respiratory Distress

Field Treatment - BLS

Field Primary Survey:

If basic airway cannot be established, consider foreign body obstruction and proceed with appropriate airway clearance maneuvers, based on patient age:

For patients less than 1 year of age, alternate 4 back blows and 4 chest thrusts.

For patients greater than 1 year of age, perform 4 abdominal thrusts.

Reassess and repeat basic airway maneuvers until obstruction is cleared or patient becomes unconscious.

Position of comfort. Enlist help of child's caretaker, if distress is mild-moderate.

O2: for mild distress: 2L by NC or for severe distress: 15L by NRB or BVM if indicated

Field Treatment - ALS

OBSTRUCTION - Upper Airway (STRIDOR)	OBSTRUCTION - Lower Airway (WHEEZING)
Advanced airway, PRN	Advanced airway, PRN
Visualize airway using appropriate size laryngoscope blade and Pediatric Magill forceps prn. Intubate if object not visible or lodged beyond the cords. Use pulse oximeter and end-tital COs monitoring, if available	Cardiac monitor
Cardiac monitor	Inhaled albuterol (3 ml premixed) PRN
Consider: Foreign body, croup. If epiglottitis suspected, leave alone (in parents arms) if possible	Epinephrine (1:1000), 0.01 mg/kg (0.01 ml/kg) SQ, if child unable to cooperate with inhaled albuterol or if in severe distress (maximum dose, 0.3 mg or 0.3 ml). May repeat once after 5 minutes
Epinephrine (1:1000) 0.01 mg/kg in 2.5cc NS nebulizer if moderate to severe distress.	IV access if in severe distress or condition worsening
If complete airway obstruction that cannot be cleared with basic maneuvers or direct visualization, perform TTJL.	
OTHER, NON-OBSTRUCTIVE CAUSES OF RESPIRATORY INSUFFICIENCY	
Advanced Airway, PRN	
IV Access, PRN: Place IO PRN if unconscious, in severe distress, and unable to obtain IV within 90 seconds	
Cardiac Monitor	
Administer Naloxone, 1-2 mg IV, IM, IO or ET, titrate to correct for respiratory depression if signs of opiate poisoning are present, e.g. respiratory depression, altered mental status, meiosis, and access to opiate medication/drugs	

Considerations:

Refer to Broselow Tape for drug dosage