

PEDIATRIC RESPIRATORY DISTRESS WITH STRIDOR



Stridor is a harsh inspiratory sound indicating upper airway obstruction.

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

1. Observe respirations and perform auscultation on lungs.
2. Allow patient to assume position of maximum 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 O₂ stats at $\geq 90\%$.
5. Transport patient ASAP.

SEVERE DISTRESS: Tachypneic, accessory muscle use, and retractions.

1. Follow steps 1-4 for moderate distress.
2. Administer a single dose of **racemic epinephrine** via small volume nebulizer.
 - A. PT > 2YR: 0.5 ml (2.25%) in 3 ml NS.
 - B. PT < 2 YR: 0.25 ml (2.25%) in 3 ml NS.