

## PEDIATRIC RESPIRATORY DISTRESS WITH WHEEZING



**MILD DISTRESS:** Alert, pink, comfortable, able to speak easily.

1. Observe respirations and perform auscultation on lungs.
2. Administer **O<sub>2</sub>** at 8-15 LPM by mask or blow-by.
3. Transport patient ASAP.

**MODERATE DISTRESS:** Tachypneic, slight accessory muscle use, and minimal retractions.

1. Observe respirations and perform auscultation on lungs.
2. Allow patient to assume position of comfort, with parent if necessary.
3. Administer **O<sub>2</sub>** at 8-15 LPM by mask or blow-by.
4. Monitor pulse oximetry, if available. Administer titrate **O<sub>2</sub>** and ventilate to maintain **SPO<sub>2</sub>** at  $\geq 90\%$  .
5. Apply cardiac monitor.
6. Administer **albuterol (Ventolin<sup>®</sup>)** at 2.5 mg in 3 ml NS (3 ml premix) via SVN.
7. Consider administration of **ipratropium bromide (Atrovent<sup>®</sup>)**.\*
8. Transport patient ASAP.

**SEVERE DISTRESS:** Tachypneic, accessory muscle use, retractions, difficulty speaking, cyanosis.

1. Follow steps 1-7 for moderate distress.
2. Repeat **Ventolin<sup>®</sup>** administration q 15 minutes until improvement.
3. Establish IV/IO access. Consider administration of NS at TKO rate.

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\*If ipratropium bromide is also supplied in a premix unit dose with Albuterol (Combivent, Duoneb).