Pediatric Respiratory Distress

**History**
- Time of onset
- Possibility of foreign body
- Medical history
- Medications
- Fever or respiratory infection
- Other sick siblings
- History of trauma

**Signs and Symptoms**
- Wheezing or stridor
- Respiratory retractions
- Increased heart rate
- Altered level of consciousness
- Anxious appearance

**Differential**
- Allergic Reaction
- Asthma
- Aspiration
- Foreign body
- Infection
  - Pneumonia
  - Group
  - Epiglottitis
- Congenital heart disease
- Medication or Toxin
- Trauma

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**Universal Patient Care Protocol**

**Airway Protocol**

- Yes: Respiratory/Ventilatory Insufficiency?
  - No: Position Patient for Comfort
  - Yes: Pulse Oximetry

**Wheezing**

- Beta-Agonist
  - Albuterol or other Beta-Agonist
  - IV Protocol
    - If SAO2 < 92 after first treatment
  - No Improvement? Repeat Beta-Agonist X 3
    - Albuterol or other Beta-Agonist
    - Ipratropium (if available)
  - If Available
    - Methlprednisolone or Prednisone

**Stridor**

- Normal Saline Nebulized
  - If No Improvement
    - Epinephrine Nebulized
  - IV Protocol
    - If SAO2 < 92 after first treatment
  - If Available
    - Methlprednisolone or Prednisone

**If No Improvement**

- Contact Medical Control

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**Pearls**
- **Recommended Exam:** Mental Status, HEENT, Skin, Neck, Heart, Lungs, Abdomen, Extremities, Neuro
- **Items in Red Text are key performance measures used to evaluate protocol compliance and care**
- **Pulse oximetry** should be monitored continuously if initial saturation is ≤ 96%, or there is a decline in patient status despite normal pulse oximetry readings.
- 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.
- Bronchiolitis is a viral infection typically affecting infants which results in wheezing which may not respond to beta-agonists. Consider Epinephrine if patient < 18 months and not responding to initial beta-agonist treatment.
- 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, drooling is common. Airway manipulation may worsen the condition.

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**Protocol 46**

Any local EMS System changes to this document must follow the NC OEMS Protocol Change Policy and be approved by OEMS 2009