

Treatment Protocols

Date: 07/01/2023

Respiratory Distress or Failure - Pediatric

Policy #9170P

Stable Systolic blood pressure appropriate for age	Unstable Systolic blood pressure low for age, and/or signs of poor perfusion
Pediatric BLS Standing Orders	
<ul style="list-style-type: none"> • Universal Patient Protocol • Ensure patent airway, give oxygen and/or ventilate PRN per Airway Policy • Maintain O2 saturation > 95% • Suction aggressively as needed • For adult-sized pediatric patients, can consider NIPPV – see NIPPV procedure • Consider early BHP contact <p><u>RESPIRATORY DISTRESS WITH SUSPECTED BRONCHOSPASM</u></p> <ul style="list-style-type: none"> • May assist patient with prescribed albuterol inhaler <p><u>SUSPECTED ACUTE STRESSOR/HYPERVENTILATION SYNDROME</u></p> <ul style="list-style-type: none"> • Remove from any causative environment • Coaching / reassurance • Do not utilize bag or mask rebreathing 	<ul style="list-style-type: none"> • Universal Patient Protocol • Ensure patent airway, give oxygen and/or ventilate PRN per Airway Policy • Maintain O2 saturation > 95% • Suction aggressively as needed • For adult-sized pediatric patients, can consider NIPPV – see NIPPV procedure • Consider early BHP contact <p><u>RESPIRATORY DISTRESS WITH SUSPECTED BRONCHOSPASM</u></p> <ul style="list-style-type: none"> • May assist patient with prescribed albuterol inhaler <p><u>SUSPECTED ACUTE STRESSOR/HYPERVENTILATION SYNDROME</u></p> <ul style="list-style-type: none"> • Remove from any causative environment • Coaching / reassurance • Do not utilize bag or mask rebreathing
Pediatric LALS Standing Order Protocol	
<ul style="list-style-type: none"> • Establish IV access PRN <p><u>SUSPECTED BRONCHOSPASM</u> (Suspected asthma)</p> <ul style="list-style-type: none"> • Albuterol via nebulizer per ped dosing chart 	<ul style="list-style-type: none"> • Establish IV <p><u>HYPOTENSION IF CARDIAC CAUSE NOT SUSPECTED</u></p> <ul style="list-style-type: none"> • 10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR x1, if patient is without rales and there is no evidence of heart failure <p><u>SUSPECTED BRONCHOSPASM</u> (Suspected Asthma)</p> <ul style="list-style-type: none"> • Albuterol via nebulizer per pediatric dosing chart <p>If severe respiratory distress with bronchospasm or inadequate response to Albuterol/Atrovent, consider</p> <ul style="list-style-type: none"> • Epinephrine 1:1,000 per drug chart IM SO. MR x 2 q5minutes <p>Respiratory Distress with stridor at rest</p> <ul style="list-style-type: none"> • Epi 1:1,000 per drug chart via nebulizer, MR x1 <p><u>Reassess following IM epinephrine. If no improvement in 2 minutes, consider:</u></p> <ul style="list-style-type: none"> • Epi 1:1,000 per drug chart IM. MR x2 q5 minutes

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Pediatric ALS Standing Orders	
<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO • Capnography • 12 Lead if cardiac source considered <p><u>SUSPECTED BRONCHOSPASM</u></p> <ul style="list-style-type: none"> • Albuterol weight based • Ipratropium weight based • Consider NIPPV PRN – See NIPPV Procedure (for adult sized pediatric patients only) <p><u>CROUP / SUSPECTED CROUP</u></p> <ul style="list-style-type: none"> • NS or Sterile Water 5 mL, via nebulizer mask, MR prn 	<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO • Capnography • 12 Lead if cardiac source considered <p><u>HYPOTENSION IF CARDIAC CAUSE NOT SUSPECTED</u></p> <ul style="list-style-type: none"> • 10-20 mL/kg NS IV/IO bolus; titrated to age-appropriate systolic BP MR x1, if patient is without rales and there is no evidence of heart failure <p><u>SUSPECTED BRONCHOSPASM</u></p> <ul style="list-style-type: none"> • Albuterol weight based • Ipratropium weight based • Consider NIPPV PRN – See NIPPV Procedure (for adult sized pediatric patients only) <p><u>CROUP / SUSPECTED CROUP</u></p> <ul style="list-style-type: none"> • NS or Sterile Water 5 mL, via nebulizer, MR prn
Pediatric Base Hospital Orders	
<p><u>EPIGLOTTITIS/ SUSPECTED EPIGLOTTITIS W/ STRIDOR</u></p> <ul style="list-style-type: none"> • BHP – Epinephrine 1:1,000 weight based via nebulizer, monitor ECG during administration 	<p><u>EPIGLOTTITIS/ SUSPECTED EPIGLOTTITIS W/ STRIDOR</u></p> <ul style="list-style-type: none"> • BHP – Epinephrine 1:1,000 weight based via nebulizer, monitor ECG during administration
Notes:	
<ul style="list-style-type: none"> • 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 • 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 	

APPROVED:

Signature on File

Katherine Staats, M.D. FACEP

EMS Medical Director