Pediatric Asthma
Respiratory Distress

History
- Time of onset
- Possibility of foreign body
- Past Medical History
- Medications
- Fever / Illness
- Sick Contacts
- History of trauma
- History / possibility of choking
- Ingestion / OD
- Congenital heart disease

Signs and Symptoms
- Wheezing / Stridor / Crackles / Rales
- Nasal Flaring / Retractions / Grunting
- Increased Heart Rate
- AMS
- Anxiety
- Attentiveness / Distractability
- Cyanosis
- Poor feeding
- JVD / Frothy Sputum
- Hypotension

Differential
- Asthma / Reactive Airway Disease
- Aspiration
- Foreign body
- Upper or lower airway infection
- Congenital heart disease
- OD / Toxic ingestion / CHF
- Anaphylaxis
- Trauma

Pediatric Airway Protocol(s) 5 - 7 ***as indicated***

Pediatric Reaction / Anaphylaxis Protocol PM 1 ***as indicated***

B 12 Lead ECG Procedure

A IV / IO Procedure ***if indicated***

P Cardiac Monitor

Following Assessment

WHEEZING / Asthma

B **Albuterol Nebulizer** **1.25 - 2.5 mg**

STRIDOR / Croup

B **Albuterol Nebulizer** **1.25 - 2.5 mg**

A **Epinephrine Nebulizer** **1 mg (1:1000) in 2 mL NS** May repeat x 1

Pediatric Airway Protocol(s) 5 - 7 ***as indicated***

A

No response: Consider **Epinephrine 1:1000** **0.01 mg / kg IM** **(Maximum 0.3 mg)**

Albuterol Nebulizer **1.25 - 2.5 mg** **+/- Ipratropium 0.5 mg** (MAX of 3 doses) *Consider additional Albuterol doses as needed*

P

Methylprednisolone 2 mg / kg IV / IO / IM (Maximum 125 mg)

Magnesium Sulfate 40 mg/kg IV / IO Infuse over 10 – 20 minutes

Notify Destination or Contact Medical Control

Pediatric Asthma
Respiratory Distress

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 in the patient with respiratory distress.**
- **This protocol includes all patients with respiratory distress, Asthma, Reactive Airway Disease, croup, or Bronchospasm. Patients may also have wheezing and respiratory distress with viral upper respiratory tract infections and pneumonia.**
- **Combination nebulizers containing albuterol and ipratropium:**
  Patients may receive more than 3 nebulizer treatments, treatments should continue until improvement. Following 3 combination nebulizers, it is acceptable to continue albuterol solely with subsequent treatments as there is no proven benefit to continual use of ipratropium.
- **Epinephrine:**
- **If allergic reaction or anaphylaxis is suspected, give immediately and repeat until improvement.**
- **If allergic reaction is not suspected, administer with impending respiratory failure and no improvement.**
- **Consider Magnesium Sulfate with impending respiratory failure and no improvement.**
- **Albuterol dosing: ≤ 1 year of age 1.25 mg; 1 – 6 years 1.25 – 2.5 mg; 6 – 14 years 2.5 mg; ≥ 15 years 2.5 – 5 mg.**
- **Consider IV access when Pulse oximetry remains ≤ 92 % after first beta agonist treatment.**
- **Do not force a child into a position, allow them to assume position of comfort. They will protect their airway by their body position.**
- Bronchiolitis is a viral infection typically affecting infants which results in wheezing which may not respond to beta-agonists. Consider Epinephrine nebulizer 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.
- In patients using levalbuterol (Xopenex) you may use Albuterol for the first treatment then use the patient's supply for repeat nebulizers or agency's supply.
- **EMT may administer Albuterol if patient already prescribed and may administer from EMS supply.** Agency medical director may require Contact of Medical Control prior to administration.