Pediatric 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/Overdose
- Congenital heart disease

Signs and Symptoms
- Wheezing/Stridor/Crackles/Rales
- Nasal flaring/Retractions/Grunting
- Increased heart rate
- AMS
- Anxiety
- Attentiveness/Distractibility
- Cyanosis
- Poor feeding
- JVD/Frothy sputum
- Hypotension

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

Airway patent, ventilation adequate, and oxygenation adequate?
- No → Exit to Pediatric Airway TG
- Yes

Allergic Reaction/Anaphylaxis?
- Yes → Exit to Pediatric Allergic Reaction/Anaphylaxis TG
- No

Cardiac monitor
Establish IV/IO, if indicated
EtCO₂ monitoring

Mild
- Albuterol Nebulizer 5mg May repeat as needed
- Monitor and reassess
- Notify receiving facility.
- Contact Base Hospital for medical direction, as needed.

Severe
- If no improvement and in severe distress
  Epinephrine 1:1,000 IM
  Use Pediatape and refer to dosing guide
- Albuterol Nebulizer 5mg May repeat as needed

Pearls
- All patients with respiratory symptoms must have continuous pulse oximetry and EtCO₂ measurement.
- Do not force a child into a position; allow them to assume a position of comfort.
- Bronchiolitis is a viral infection typically affecting infants which results in wheezing which may not respond to Albuterol.
- Croup typically affects children > 2 years of age. It is viral, possible fever, gradual onset, and without drooling.
- Epiglottitis typically affects children > 2 years of age. It is bacterial patients with fever, rapid onset, and possible who want to sit up to keep airway open and drooling is common. Airway manipulation may worsen condition.