Pediatric Bronchospasm

Pre-Medical Control:

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow **Pediatric Assessment and Treatment Protocol**.

MFR/EMT/SPECIALIST

2. Assist the patient in using their own Albuterol Inhaler, if available

EMT/SPECIALIST

3. Administer Albuterol 2.5 mg/3ml nebulized if available, repeat as indicated.

PARAMEDIC

4. Per MCA selection, administer Albuterol nebulized **OR** Albuterol and Ipratropium nebulized if wheezing or airway constriction.
5. Administer additional Albuterol 2.5 mg/3 ml NS nebulized as needed if wheezing or airway constriction persists.
6. Per MCA selection, if a second nebulized treatment is needed also administer Prednisone **OR** Methylprednisolone.
7. If patient is in severe respiratory distress administer Epinephrine 1:1000, 0.01 mg/kg (0.01 ml/kg) IM to a maximum dose of 0.3 mg (0.3 ml).

Bronchodilator Options

☐ Albuterol 2.5 mg/3ml NS nebulized

OR

☑ Albuterol 2.5 mg/3ml NS & Ipratropium 500 mcg nebulized

Medication Options:

Prednisone
50 mg tablet PO
(Children 6 and above, if tolerated)

☑ YES ☐ NO

Methylprednisolone
2 mg/kg IV/IO,
(maximum dose 125 mg)

☑ YES ☐ NO

8. Consider CPAP/BiPAP (if available) per **CPAP/BiPAP Procedure**.

Post -Medical Control:

1. Consider additional Epinephrine 1:1000, 0.01 mg/kg (0.01 ml/kg) IM, to a maximum dose of 0.3 mg (0.3 ml).