Genesee County OBSTETRICS AND PEDIATRICS

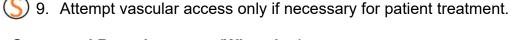
PEDIATRIC RESPIRATORY DISTRESS, FAILURE, OR ARREST

Initial Date: 8/1/2017

Revised Date: 2/1/2018 Section 4-5

Pediatric Respiratory Distress, Failure or Arrest

- 1. Follow Pediatric Assessment and Treatment Protocol.
- 2. Assess the patient's airway; if the airway is obstructed, refer to **Emergency Airway Procedure**
 - A. Consider possibility of partial airway obstruction presents with acute respiratory distress of sudden onset accompanied by fever, drooling, hoarseness, stridor, and tripod positioning.
 - B. If unable to ventilate patient after airway repositioning, assume airway obstruction.
- 3. Allow the patient a position of comfort
- 4. Titrate oxygen saturation to 94% (Having a parent assist with blow by may be necessary)
- 5. Airway should be managed by least invasive method possible.
- 6. Suction as needed if excessive secretions are present.
- 7. Consider CPAP if available, per CPAP/BiPAP Procedure.
 - 8. Do not delay transport for interventions.



Suspected Bronchospasm (Wheezing):

- 1. Assist the patient in using their own Albuterol Inhaler, if available
- 2. Administer inhaled medications according to **Nebulized Bronchodilators Procedure**.
 - 3. Consider CPAP, if available, per CPAP/BiPAP Procedure.
 - 4. In cases of respiratory failure:
 - A. If child appears to weigh less than 10 kg (approx. 20 lbs.), contact medical control prior to Epinephrine if possible.
 - B. If child weighs between 10-30 kg (approx. 60 lbs.); administer Pediatric Epinephrine Auto-Injector.
 - C. Child weighing greater than 30 kg; administer Epinephrine Auto-Injector.
 - 5. Per MCA selection, if a second nebulized treatment is needed also administer Prednisone **OR** Methylprednisolone.

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Medication Options: Prednisone 50 mg tablet PO (Children 6 and above, if tolerated)
X YES NO
Methylprednisolone 2 mg/kg IV/IO (Maximum dose 125 mg)
X YES NO

MCA Name: Genesee County MCA Board Approval Date: February 1, 2018 MCA Implementation Date: June 1, 2018 Protocol Source/References:

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- For MCA with both selected, Prednisone PO is the preferred medication.
 Methylprednisolone is secondary and reserved for when a patient can't take a PO medication.
- 7. If patient is in respiratory failure: (This item approved for MFRs and EMTs participating in the MABEES study.)
 - A. If child appears to weigh less than 10 kg (approx. 20 lbs.), contact medical control prior to Epinephrine if possible.
 - B. If child weighs between 10- 30 kg (approx. 60 lbs.); administer Epinephrine 1:1000, 0.15 mg (0.15 ml) IM OR via Pediatric Epinephrine Auto-injector, if available.
 - C. Child weighing greater than 30 kg; administer Epinephrine 1mg/ 1mL, 0.3 mg (0.3 ml) IM OR via Epinephrine Auto-Injector, if available.

Suspected Croup:

- 1. Notes:
 - A. Croup is most common in the fall and winter with the onset of symptoms at night.
 - B. Croup is most common in children 6 months to 6 years of age.
 - C. Patients will likely have a recent history of upper airway infection or fever.
 - D. If foreign body is suspected, contact Medical Control prior to administration of epinephrine.
- 2. Consider humidified oxygen



3. If patient presents with moderate to severe croup administer Epinephrine per MCA selection:

MCA Selection

☐ Epinephrine 5 mg (1mg/1ml) nebulized

- 4. Do not delay transport.
- 5. Symptom improvement should occur within 10 to 30 minutes.

Respiratory Failure or Arrest:

- 1. Ventilate the patient using an appropriately sized BVM with supplemental oxygen.
 - A. Chest rise is the best indicator of successful ventilation
 - B. Ventilate at a rate appropriate for the patient:
 - i. Infant: 30 breaths per minute
 - ii. Child: 20 breaths per minute
- 2. Airway management should take place in order of least invasive to most invasive, titrating to effective ventilation and oxygenation.
- **3.** If opioid overdose is suspected, administer Naloxone according to MI-MEDIC cards. If MI-MEDIC is unavailable, administer Naloxone 0.1 mg/kg IV/IO/IN/IM while ventilating with the BVM.

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