



## PEDIATRIC RESPIRATORY DISTRESS

**Effective:** April 27, 2017  
**Replaces:** February 8, 2013  
**Review:** April 27, 2022

### 1. BLS Treatment

- 1.1. Routine Medical Care – Pediatric (**700-S05**)
  - 1.1.1. **Oxygen** – titrate as appropriate
- 1.2. Place patient in a position that decreases work of breathing
- 1.3. If the airway cannot be secured or ventilated, transport to the closest hospital (**Policy 602**)

### 2. ALS Treatment

- 2.1. **Vascular Access (IV)**, TKO
- 2.2. Complete assessment of patient's lung sounds and treat accordingly
- 2.3. Prepare to secure airway if patient condition worsens

### 3. Asthma (Wheezes)

- 3.1. **Albuterol 2.5mg** in 3ml normal saline via nebulizer device, may repeat if respiratory distress continues, to a max of 5mg
- 3.2. If condition is not relieved with albuterol and patient shows signs of respiratory fatigue and/or failure, administer **Epinephrine (1:1,000) 0.01mg/kg IM**, max single dose 0.3mg

### 4. Croup (Stridor)

- 4.1. Do not try visualization of the pharynx
- 4.2. Consider **Normal Saline 3ml** via nebulizer device, may repeat if respiratory distress continues

### 5. Pneumonia (Rhonchi, Febrile)

- 5.1. Obtain and record temperature
- 5.2. Consider cooling measures and/or remove blankets and heavy clothing if febrile
- 5.3. Consider **Albuterol 2.5mg** in 3ml normal saline via nebulizer device if wheezes are present