



PEDIATRIC RESPIRATORY DISTRESS

Effective: January 1, 2025
Replaces: April 27, 2017

1. Patient Care Goals

- 1.1. Alleviate respiratory distress
- 1.2. Promptly identify respiratory distress, failure, and/or arrest, and intervene for patients who require escalation of therapy
- 1.3. Deliver appropriate therapy by differentiating other causes of pediatric respiratory distress

2. BLS Treatment

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

3. ALS Treatment

- 3.1. **Vascular Access (IV)**, TKO
- 3.2. Complete assessment of patients lung sounds and treat accordingly
- 3.3. Prepare to secure airway if patient condition worsens

4. Asthma (Wheezes)

- 4.1. **Albuterol 2.5mg** in 3ml normal saline via nebulizer device, may repeat if respiratory distress continues, to a max of 5mg
- 4.2. 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

5. Croup (Stridor)

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

6. Pneumonia (Rhonchi, Febrile)

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

7. Pertinent Assessment Findings

- 7.1. Frequent reassessment is necessary to determine if interventions have alleviated signs of respiratory distress.
- 7.2. Respiratory distress (retractions, wheezing, stridor, accessory muscle use)
- 7.3. Decreased oxygen saturation
- 7.4. Skin color
- 7.5. Neurologic status assessment
- 7.6. Reduction in work of breathing after treatment
- 7.7. Improved oxygenation after breathing



8. Key Documentation Elements

- 8.1. Initial vital signs and physical exam
- 8.2. Document key aspects of the exam at baseline and after each intervention:
 - 8.2.1. Respiratory rate
 - 8.2.2. Oxygen saturation
 - 8.2.3. EtCO₂/waveform shape
 - 8.2.4. Use of accessory muscles
 - 8.2.5. Breath sounds and quality
 - 8.2.6. Mental status
 - 8.2.7. Response to interventions