Approved: 10-31-09; Effective: 3-31-10

# PEDIATRIC EMERGENCIES P-3 – PEDIATRIC RESPIRATORY DISTRESS

# **FIELD TREATMENT/PRIORITIES**

- Field Primary Survey [1]
- Position of comfort; enlist help of child's caretaker if distress is mild-moderate;
- Early notification of Receiving Hospital.

# • Advanced airway PRN [2]; • Cardiac Monitor; • Inhaled nebulized 2.5 mg ALBUTEROL over 20 minutes, flow rate 6-8 l/min • Consider IV/IO • Consider (1:1000) Epinephrine 0.01 mg/kg SQ/IM see Broselow tape (0.01 ml/kg). maximum dosage 0.3 mg

# OTHER NON-OBSTRUCTIVE CAUSES OF RESPIRATORY INSUFFICIENCY

- Advanced airway PRN [2];
- Cardiac monitor;
- Consider IV/IO

### SPECIAL CONSIDERATIONS

- [1] If basic airway cannot be established, consider foreign body obstruction and proceed with appropriate airway clearance maneuvers based on patient age;
- [2] Use pulse oximeter, if available.

## **Disrupted Communications**

In the event of a "disrupted communications" situation, the EMT-P in Solano County may utilize all portions of this treatment protocol without Base Hospital Contact as is needed to stabilize an immediate patient.