

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.38
Subject	Paramedic Treatment Protocols PEDIATRIC RESPIRATORY DISTRESS (EPIGLOTTITIS, ASTHMA, BRONCHOLITIS, CROUP)	Page 1 of 2
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS	
1. Airway	Observe respirations and auscultate the lungs. <u>DO NOT</u> visualize the airway or examine the oropharynx. Support respirations as necessary.
2. Oxygen	100% by non-rebreather mask or blow-by.
3. Position	Place the patient in position of comfort.
4. Nebulized Albuterol	<u>Pediatrics</u> (14 years and under) – 10 mg/2 cc of the multi-dose. May repeat twice. Transport should begin <u>immediately</u> after <u>first</u> treatment is initiated. NOTE: If <u>Croup only</u>, skip #4 and proceed to #5 Nebulized Epinephrine. 0.3mg Nebulized Epinephrine for <u>Croup only</u> (see Special Considerations).
5. Nebulized Epinephrine	
6. Transport	Minimize on scene time. A parent should be allowed to accompany the child to the hospital in order to ease the child's fears and apprehension.
7. Epinephrine (Only if patient is in severe distress.)	0.01mg/kg 1:1000 IM. (Maximum dose of 0.4 ml.)
8. Contact Hospital	Per EMS Policy #530.02.

BASE HOSPITAL ORDERS	
*1. Transtracheal Jet	Ventilate – 100% oxygen with anesthesia adapter. Use bag-valve-mask in children under 12 years of age.

Approved By	Daniel J. Lynch	Revision
EMS Director	(Signature on File at EMS Agency)	06/01/2018
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	

Subject Paramedic Treatment Protocols – Pediatric Respiratory Distress	Policy Number 530.38
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SPECIAL CONSIDERATIONS AND PRIORITIES

1. Do not struggle with an agitated patient. Apply the highest concentration oxygen as possible in a non-intrusive manner.
2. Nebulized Epinephrine is for **Croup only** and can be administered either:
 - 0.3mg/3cc of 1:10,000; or
 - 0.3mg/0.3cc of 1:1,000 diluted with 2.7cc of normal saline (for a total of 3cc).
3. Do not examine the throat.
4. Be prepared to assist respirations. Patients may get tired and need to be assisted with respirations.
5. Albuterol Administration
 - a. Place a T-piece between bag-valve-mask. Nebulizer is placed on bottom part of T-piece. Administer Albuterol using dosing. Ventilate patient normally.
 - b. Albuterol should only be given **AFTER** Epinephrine in patients being assisted by bag-valve mask.

Epiglottitis

History of mild upper respiratory infection. Tends to occur in patients age 3 to 6, but 25% of all cases occur in children less than 2 years of age.

Hx and PE: High fever, sore throat, pain on swallowing, shallow breathing, dyspnea, inspiratory stridor, drooling and a red swollen epiglottis. (**DO NOT** attempt to visualize airway, if the patient is crying the epiglottis may be visible posterior to the base of the tongue.)

Place patient in position of comfort, usually in parents lap or arms. Allow parent to accompany the child to the hospital to ease child's fears. Minimize handling and examination to prevent crying and agitation. Avoid laying the patient down to prevent and epiglottitis from falling back and completely obstructing the airway.

Asthma-Bronchiolitis-Croup

Asthma: Patient or family history of asthma or reactive airway disease. Patients are generally greater than 1 year, tachypneic with the patient sitting up and leaning forward, unproductive cough, accessory muscle use and wheezing (wheezing may not be present if the patient has insufficient air movement).

Bronchiolitis: Patients are generally greater than 1 year, prominent expiratory wheezing and rales.

Croup: Occurs mostly at night during the fall and winter. History: Mild cold or other infection. Indications include: Patients are generally between 6 months and 4 years, harsh-barking cough, inspiratory stridor, nasal flaring and tracheal tugging.