	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	9003.14
	PROGRAM DOCUMENT: **Pediatric** **Respiratory Distress: Reactive Airway Disease, Asthma, Bronchospasm, Croup, or Stridor**	Draft Date:	04/25/95
		Effective:	05/01/18
		Revised:	07/24/17
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Signature on File
EMS Medical Director

Signature on File
EMS Administrator

Purpose:

A. To serve as the treatment standard for pediatric patients assessed to have respiratory distress and a history of asthma, bronchospasm, or reactive airway disease.
B. To serve as a treatment standard for pediatric patients assessed to have respiratory distress with no history of asthma, bronchospasm, or reactive airway disease but are wheezing and tachypneic.
C. To serve as a treatment standard for pediatric patients assessed to have slow onset of respiratory distress, barking cough, with a history of fever and respiratory stridor.

Authority:

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22, Division 9

Protocol:

Treat a single problem; commit yourself to a single assessment and if in doubt contact medical control for advice.

A. **Asthma/Bronchospasm - Mild or Moderate**:
Patient present with intercostal retractions, nasal flaring and capillary refill > 2 seconds.

BLS TREATMENT

Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible.
Begin immediate transport in position of comfort.

ALS TREATMENT

Albuterol: 2.5 mg (3 ml unit dose):
Hand Held Nebulizer (HHN); reassess after the first treatment. May be repeated as needed, based on reassessment.
Pulse Oximetry, when available, may be used to titrate oxygen saturation to a SpO2 ≥ 94%.
Cardiac Monitoring.

1. **Asthma/Bronchospasm - Condition is severe**: Immediate transport.
Patient is unable to speak, patient may have decreased/elevated pulse and/or decreased/elevated blood pressure; mental status is altered.

BLS TREATMENT

Basic Life Support (BLS) airway interventions as needed.
Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible.
Begin immediate transport in position of comfort.

ALS TREATMENT

Advanced Life Support (ALS) airway interventions as needed.
Pulse Oximetry, when available, may be used to titrate oxygen saturation to a SpO2 ≥ 94%.
Albuterol:
2.5 mg (3 ml unit dose) HHN continuously.
Epinephrine:
0.01 mg/kg of 1:1,000
(1 mg/ml) solution Intramuscular (IM) up to a maximum dose of 0.3 ml.
Initiate Intravenous (IV) access with saline lock.
If needed, attach Normal Saline (NS) and titrate to a minimal Systolic Blood Pressure (SBP) for patient's age. Establishment of IV shall not take precedence over administration of Albuterol or Epinephrine.
Cardiac Monitoring.

B. **Croup/Stridor** - **Condition is mild to moderate**:
Slow onset of mild to moderate respiratory distress, barking cough, fever and respiratory stridor. Unilateral stridor may be due to bronchial foreign body.

BLS TREATMENT

BLS airway interventions as needed.
Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible.
Transport in position of comfort.

ALS TREATMENT

Normal Saline: 3ml HHN reassess after first treatment.

1. **Croup/Stridor - Condition is severe:**
   Patient is unable to speak/ patient may have decreased/elevated pulse and/or decreased/elevated blood pressure/ mental status is altered. Unilateral stridor may be due to bronchial foreign body.

BLS TREATMENT

BLS airway interventions as needed.
Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible.
Begin immediate transport in position of comfort

ALS TREATMENT

ALS airway interventions as needed.
Pulse Oximetry, when available, may be used to titrate oxygen saturation to a SpO2 < 94%.
Epinephrine:
0.01 mg/kg of 1:1,000 (1mg/ml) solution IM up to a maximum dose of 0.3 ml.
Initiate Intravenous (IV) access with saline lock.
If needed, attach Normal Saline (NS) and titrate to a minimal Systolic Blood Pressure (SBP) for patient's age. (Establishment of IV shall not take precedence over administration of Epinephrine).
Cardiac Monitoring.

Cross Reference: Pediatric Airway Management: PD# 8837