TREATMENT PROTOCOL: RESPIRATORY DISTRESS *

1. Basic airway
2. Pulse oximetry
3. Oxygen prn
4. Venous access prn
5. Cardiac monitor: document rhythm and attach ECG strip if dysrhythmia identified
6. Advanced airway prn
7. Initiate CPAP for patients greater than 14 years of age with moderate or severe respiratory distress and SBP equal to or greater than 90mmHg
8. If absent or diminished breath sounds due to severe bronchospasm, refer to Wheezing column
9. If suspected allergic reaction/anaphylaxis, treat by Ref. No. 1242, Allergic Reaction/Anaphylaxis

<table>
<thead>
<tr>
<th>STRIDOR</th>
<th>WHEEZING</th>
<th>BASILAR RALES</th>
<th>CARDIAC ETIOLOGY</th>
<th>POOR PERFUSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. <strong>CONTINUE SFTP or BASE CONTACT</strong></td>
<td>10. <strong>CONTINUE SFTP or BASE CONTACT</strong></td>
<td>10. Nitroglycerin SL&lt;br&gt;0.4mg for SBP equal to or greater than 100mmHg&lt;br&gt;0.8mg for SBP equal to or greater than 150mmHg&lt;br&gt;1.2mg for SBP greater than 200&lt;br&gt;May repeat in 3-5min two times, administer subsequent doses based on SBP listed above&lt;br&gt;Hold if SBP less than 100mmHg or patient has taken sexually enhancing drugs within 48hrs&lt;br&gt;May administer prior to venous access&lt;br&gt;If hypotension develops, place patient supine and prepare to assist ventilations</td>
<td>11. <strong>ESTABLISH BASE CONTACT (ALL)</strong></td>
<td>11. <strong>CONSULTATION WITH BASE PHYSICIAN STRONGLY RECOMMENDED</strong></td>
</tr>
<tr>
<td>11. If severe respiratory distress and croup suspected:&lt;br&gt;<strong>Epinephrine</strong> (1mg/mL) via neb&lt;br&gt;<strong>Pediatric</strong>: See Color Code Drug Doses/ L.A. County Kids&lt;br&gt;<strong>Less than 1yr of age</strong>: 2.5mg&lt;br&gt;<strong>1yr of age or older</strong>: 5mg&lt;br&gt;Wheezing may be an initial sign of pulmonary edema; therefore, reassess breath sounds frequently</td>
<td>11. <strong>CONTINUE SFTP or BASE CONTACT</strong></td>
<td>12. <strong>Push-dose Epinephrine</strong>&lt;br&gt;<strong>Mix 1mL Epinephrine 0.1mg/mL (IV formulation) with 9mL Normal Saline in a 10mL syringe.</strong>&lt;br&gt;Administer Push-dose Epinephrine 1mL IV/IO every 1-5 minutes, titrate to maintain a SBP &gt;90mmHg</td>
<td>12. <strong>Consider:</strong>&lt;br&gt;<strong>Normal Saline</strong> 10mL/kg IV&lt;br&gt;Reassess after each 250ml for volume overload (pulmonary edema); stop infusion if pulmonary edema develops</td>
<td>13. <strong>Consultation with base physician strongly recommended</strong></td>
</tr>
</tbody>
</table>

10. **Albuterol**<br>5mg via neb, may repeat one time<br><br>**Pediatric**: See Color Code Drug Doses/ L.A. County Kids<br>**Less than 1yr of age**: 2.5mg<br>**1yr of age or older**: 5mg<br>Wheezing may be an initial sign of pulmonary edema; therefore, reassess breath sounds frequently | 11. CONTINUE SFTP or BASE CONTACT | 11. **Albuterol**<br>5mg via neb, may repeat one time<br>Reassess breath sounds frequently | **CONTINUE SFTP or BASE CONTACT** | **CONTINUE SFTP or BASE CONTACT** |

12. **Epinephrine**<br>0.5mg (1mg/mL) IM<br><br>**Pediatrics**: See Color Code Drug Doses/L.A. County Kids<br>0.01mg/kg (1mg/mL) IM, maximum single dose 0.5mg for patient weight 30kg or greater<br>Monitor vital signs frequently | **CONTINUE SFTP or BASE CONTACT** | **CONTINUE SFTP or BASE CONTACT** | **CONTINUE SFTP or BASE CONTACT** | **CONTINUE SFTP or BASE CONTACT** |

13. **Consultation with base physician strongly recommended**
TREATMENT PROTOCOL: RESPIRATORY DISTRESS *

<table>
<thead>
<tr>
<th>after administration</th>
<th>May be given simultaneously with nitroglycerin or in-line with CPAP based on clinical assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due to cardiovascular effects, caution in patient older than 40yrs of age or pregnant</td>
<td>12. CONTINUE SFTP or BASE CONTACT</td>
</tr>
</tbody>
</table>

SPECIAL CONSIDERATIONS

1. Acute respiratory distress, consider:
   - Foreign body obstruction
   - Epiglottitis/croup
   - Bronchospasm due to Asthma / COPD or allergic reaction
   - Pulmonary edema / CHF
   - Inhalation injury
   - Pulmonary infection (pneumonia), septic shock
   - Less common etiologies include: pulmonary embolism, spontaneous pneumothorax

2. CPAP may be initiated for moderate or severe respiratory distress at any time during treatment unless contraindicated.
   - Providers utilizing CPAP should follow departmental and manufacturer’s recommendations
   - Monitor vital signs frequently; be prepared to assist ventilations if the patient mental status deteriorates or is unable to tolerate therapy
   - CPAP has been shown to decrease likelihood of intubation and hospital length of stay for patients with severe respiratory distress

3. If the neb bowl’s maximum volume is 6mL, the 5mg dose for 1yr and older can be divided in half and administered in two treatments.

4. If the child is off the Broselow™ and adult size, move to the adult protocol and adult dosing.

5. If evidence of non-traumatic hypotension, treat per Ref. No. 1246, Non-Traumatic Hypotension.