

PO70 PEDIATRIC STRIDOR/CROUP

EMT	AEMT	EMT-I	Paramedic
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Pediatric Universal Respiratory Distress protocol and prepare for immediate transport

Minimize Agitation:
Transport in position of comfort, interventions only as necessary

Check SPO2, give oxygen as needed

Are symptoms severe and croup most likely?

- Stridor at rest or biphasic stridor
- Severe retractions
- SPO2 < 90% despite O2
- Altered LOC
- Cyanosis

no

yes

Give nebulized epinephrine

If signs of poor perfusion and/or hypotension for age, see Medical Shock protocol and begin fluid resuscitation.

Continue monitoring and assessment enroute.

Contact Base for repeat dose of nebulized epinephrine and medical consult as needed.

Considerations with Stridor:

- Stridor is a harsh, usually inspiratory sound caused by narrowing or obstruction of the upper airway.
- Causes include croup, foreign body aspiration, allergic reactions, trauma, infection, mass.
- Epiglottitis is exceedingly rare. May consider in the unimmunized child. Treatment is minimization of agitation. Airway manipulation is best done in the hospital.

Characteristics of Croup:

- Most common cause of stridor in children
- Child will have stridor, barking cough, and URI symptoms of sudden, often nocturnal onset
- Most often seen in children < 9 years old
- Agitation worsens the stridor and respiratory distress