PO90 PEDIATRIC WHEEZING

- Pediatric Universal Respiratory Distress protocol
- Assess: SPO2, consider waveform capnography, RR, lung sounds, accessory muscle use and mental status

Consider the cause of wheezing before initiating specific therapy.
Initial best indicator is age. If pt ≤ 2 years old, bronchiolitis is most likely. Age > 2 reactive airway disease is more likely.

EMT	AEMT
EMT-I	Paramedic

Age ≤ 2 years old

Bronchiolitis most common

- Viral illnesses characterized by fever, copious secretions and respiratory distress typically seen Nov – April.
- Most important interventions are to provide supplemental oxygen and suction secretions adequately
- In children > 12 months old with a strong family history of asthma, a trial of albuterol may be warranted. If clinically responsive, consider steroids and DuoNeb treatment.

- Administer O2 to obtain > 90% SPO2
- Nasal suction with 3 mL saline
- Transport in position of comfort
- Monitor SPO2, RR, retractions, mental status.

If worsening respiratory distress despite above therapies, re-suction nostrils and assist ventilations with BVM.

BLS airway preferred in Pediatrics

IV methylpredisolone
Will help resolve acute asthma exacerbation over hours, without immediate effect. In severe exacerbations, it may be given prehospital but should not be given for mild attacks responding well to bronchodilators.

IM epinephrine
Is indicated for the most severe attacks deemed life-threatening and not responding to inhaled bronchodilators.

Age > 2 years old

Asthma most common

Presentation suggests asthma: wheezing, prolonged expiratory phase, decreased breath sounds, accessory muscle use, known hx of asthma or albuterol use.

Administer nebulized DuoNeb

May give continuous neb for severe respiratory distress

Is response to treatment adequate? yes

Severe exacerbation

- IM epinephrine if no response to neb and severe distress
- Start IV
- 20 mL/kg fluid bolus
- IV methylprednisolone

Is response to treatment adequate? yes

no

- Assess for pneumothorax
- Assist ventilations with BVM

BLS airway preferred in Pediatrics

- Monitor and assess enroute
- Assist ventilations as needed
- Contact Base for consult if deterioration

Although bronchiolitis and asthma are the most common causes of wheezing in infants and children, you should consider non-pulmonary causes of respiratory distress, especially if the patient is not responding to treatment:
Examples: pneumonia, pulmonary edema, congenital heart disease, anaphylaxis, pneumothorax, sepsis, metabolic acidosis, foreign body aspiration, and croup.

Nasal Aspirators

- Nasal aspirators are safe and effective
- Nasal aspiration with saline significantly improves upper respiratory symptoms.

Approved by Laramie Fire Department Medical Director March 1, 2024