PO50 PEDIATRIC UNIVERSAL RESPIRATORY DISTRESS ALGORITHM

EMT	AEMT	EMT-I	Paramedic

Respiratory Distress

For all Patients:

While assessing ABCs: give supplemental O2, monitor vital signs, cardiac rhythm, SPO2, and consider waveform capnography.

Patent Airway?

- **no** → Obstructed Airway Protocol
- **yes** ↓

Are ventilations adequate for age?

- **no** → Assist ventilations with BVM at age appropriate rate and airway adjuncts as needed.
- **yes** ↓

Is anaphylaxis likely?

- **yes** → Allergy/Anaphylaxis protocol
- **no** ↓

Is there a barky cough or stridor?

- **yes** → Pediatric Stridor/Croup protocol
- **no** ↓

Is there wheezing?

- **yes** → Pediatric Wheezing Protocol
- **no** ↓

- Provide supportive care
- Maximize oxygenation and ventilation
- Contact Base if needed for consult

Age-appropriate ventilation rate in respiratory failure:

Age	Breaths/min
Neonate	40
Infant	30
Children	20

Assisted ventilation rates listed do not apply to the patient in cardiac arrest.

Characteristics of Stridor:

- High-pitched, harsh sound most often heard on inspiration
- Occurs with upper airway restriction
- Significant restriction may result in biphasic stridor (heard on inspiration and expiration)

Consider pulmonary and non-pulmonary causes:

- Foreign body
- Croup
- Pneumonia
- Bronchiolitis

* Pulmonary embolism
* Sepsis
* Metabolic derangement
* Anxiety