All patients:
• Give oxygen to all patients w. respiratory distress via least distressing means, either blow-by or NRB facemask
• Minimize patient discomfort and avoid agitation. Transport in position of comfort

Inadequate ventilations?
• Place in neutral position with towel roll beneath shoulders if age <6 years
• Place oral airway if unconscious
• Assist with BVM per Assisted Ventilations Protocol

Inadequate ventilations and unable to ventilate with BVM?
• Consider ETI in a child ONLY if unable to adequately ventilate with BVM and oral airway
• Reposition airway, check technique and equipment. If still unable to oxygenate and ventilate, proceed with Oral Endotracheal Intubation Protocol

Treat specific conditions

Croup
6 months - 5 years w. stridor, barky cough, URI sx. Sx often rapid, nocturnal onset
• Transport in position of comfort w. parent
• Blow-by O2

Bronchiolitis
Age < 2 yrs w. cough, fever, resp. distress, +/- wheezing
• Transport in position of comfort w. parent
• Blow-by O2

Asthma
EMT may administer either MDI or nebulized albuterol with base contact for verbal order

For severe symptoms
Stridor at rest, severe retractions, cyanosis, altered LOC
• Give nebulized racemic epinephrine or 1:1000 L-epinephrine

Inadequate response to treatment?
Contact base for consult

Hypoxia despite O2, severe retractions, cyanosis, altered LOC
• Nasal suctioning
• Give nebulized racemic epinephrine or 1:1000 L-epinephrine

Inadequate response to treatment?
Contact base for consult

For hypoxia despite O2, severe retractions, cyanosis, altered LOC
• Give albuterol by nebulizer
• If age > 2 yrs. add ipratropium
• Repeat as needed, may use continuous nebulization for severe respiratory distress

For severe symptoms and inadequate response to all above treatment
Hypoxia despite O2, severe retractions, cyanosis, altered LOC
• Give epinephrine IM
• Give methylprednisolone IV
• Contact base for consult

Consider pulmonary and non-pulmonary causes of respiratory distress in all cases:
Common: croup, bronchiolitis, asthma. Less common: foreign body aspiration, allergic reaction, pneumonia. Rare: epiglottitis, bacterial tracheitis. Also: Congenital heart disease (CHF), sepsis, other metabolic acidosis (e.g.: DKA, inborn error of metabolism)

Approved by Denver Metro EMS Medical Directors January 1, 2013. Next review July 2013