San Mateo County Emergency Medical Services

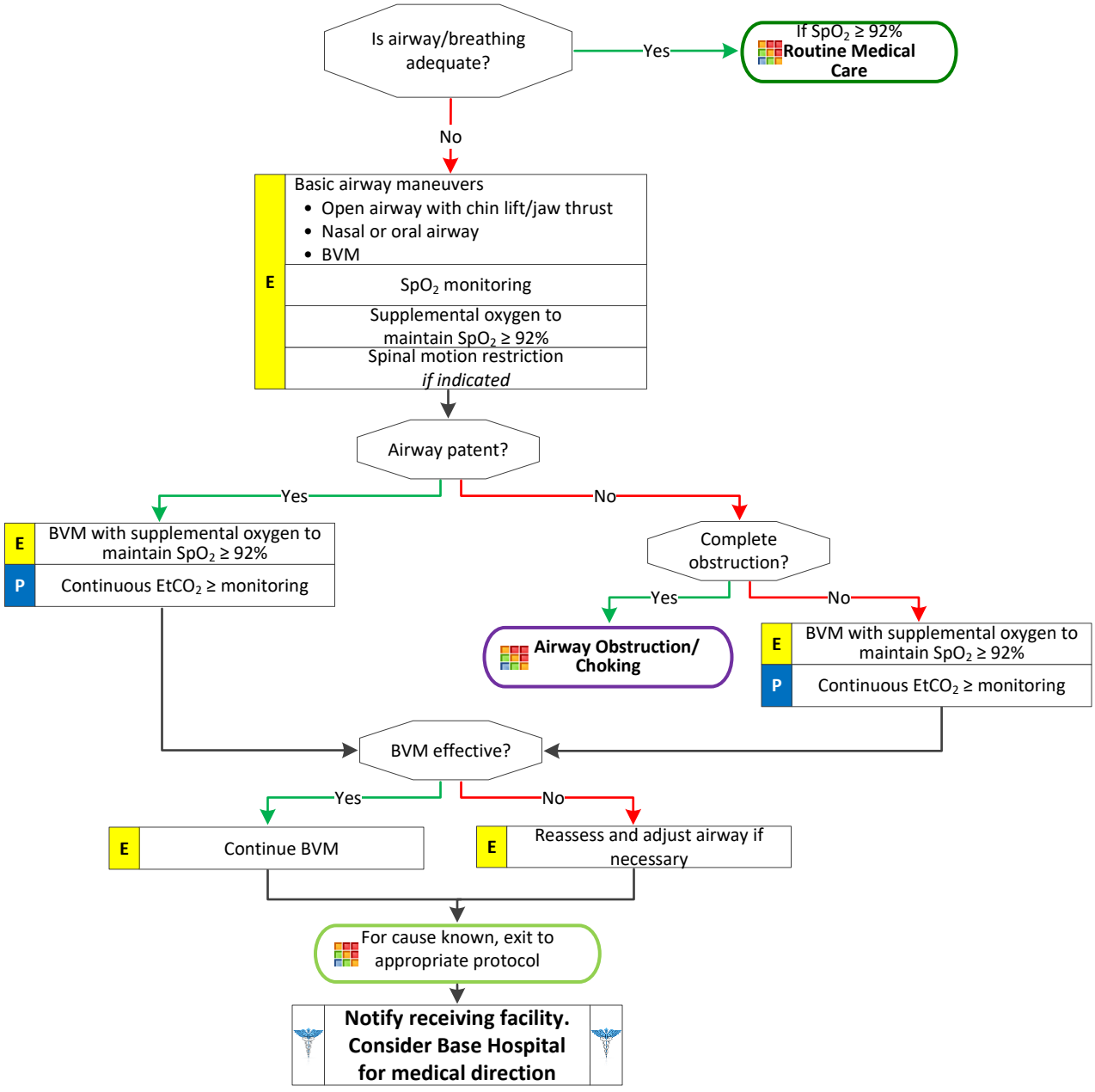
Pediatric Respiratory Arrest/Respiratory Failure

For patients requiring positive-pressure ventilation and/or hypoxia despite 100% oxygen

History
- Sudden onset of shortness of breath/coughing
- Past medical history
- Sudden loss of speech
- Syncope
- COPD/Asthma
- CHF
- Cardiac disease
- Lung disease

Signs and Symptoms
- Sudden onset of coughing, wheezing or gagging
- Stridor
- Inability to talk in complete sentences
- Panic
- Pointing to throat
- Syncope
- Cyanosis

Differential
- Foreign body aspiration
- Seizure
- Epiglottitis
- Syncope
- Hypoxia
- Asthma/COPD
- CHF exacerbation
- Anaphylaxis
- Massive pulmonary embolus



Pediatric Respiratory Distress Treatment Protocols

Pediatric Respiratory Arrest/Respiratory Failure

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Pearls

- Effective use of a BVM is best achieved with two (2) providers.
- Continuous capnometry ($EtCO_2$) is mandatory with BVM. Document results.
- For the purposes of this protocol, a secure airway is achieved when the patient is receiving appropriate oxygenation and ventilation.
- An appropriate ventilatory rate is one that maintains an $EtCO_2$ of 35 to 45.
- The airway should be reassessed with each patient move. Document findings and $EtCO_2$ readings for each.
- Maintain spinal motion restriction for patients with suspected spinal injury.
- In deteriorating patients with head trauma, may adjust ventilation rate to maintain an $EtCO_2$ of 30-35.