**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

---

**Is airway/breathing adequate?**

- Yes
  - If SpO$_2$ ≥ 92% → Routine Medical Care
  - No

**Basic airway maneuvers**
- Open airway with chin lift/jaw thrust
- Nasal or oral airway
- BVM

**SpO$_2$ monitoring**

**Supplemental oxygen to maintain SpO$_2$ ≥ 92%**

**Spinal motion restriction if indicated**

---

**Airway patent?**

- Yes
  - Airway Obstruction/Choking
  - No

**Check BVM**

**Continuous EtCO$_2$ ≥ monitoring**

---

**Airway Obstruction/Choking**

**Is arterial obstruction present?**

- Yes
  - BVM with supplemental oxygen to maintain SpO$_2$ ≥ 92%
  - Continuous EtCO$_2$ ≥ monitoring
  - If SpO$_2$ ≥ 92% → Routine Medical Care

- No
  - BVM with supplemental oxygen to maintain SpO$_2$ ≥ 92%
  - Continuous EtCO$_2$ ≥ monitoring

---

**For cause known, exit to appropriate protocol**

**Notify receiving facility. Consider Base Hospital for medical direction**

---

**Effective November 2018**

**Effective April 2023**

---

**Pediatric Respiratory Distress Treatment Protocols**
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.