San Mateo County Emergency Medical Services

Pediatric Respiratory Distress/Bronchospasm

For asthma exacerbations, epiglottis and any bronchospasms/wheezing not from pulmonary edema

History
- Asthma
- COPD – chronic bronchitis, emphysema
- Home treatment (e.g., oxygen or nebulizer)
- Medications (e.g., Theophylline, steroids, inhalers)
- Frequency of inhaler use

Signs and Symptoms
- Shortness of breath
- Pursed lip breathing
- Decreased ability to speak
- Increased respiratory rate and effort
- Wheezing or rhonchi/diminished breath sounds
- Use of accessory muscles
- Cough
- Tachycardia

Differential
- Asthma
- Anaphylaxis
- Foreign body aspiration
- Partial airway obstruction (i.e. epiglottitis)
- Croup
- Pleural effusion
- Pneumonia
- Pulmonary embolus
- Pneumothorax
- Cardiac (MI or CHF)
- Cardiac tamponade
- Hyperventilation
- Inhaled toxin (e.g., carbon monoxide, etc.)

Breathing adequate?

Yes

No

Respiratory Arrest/Respiratory Failure

Apply Oxygen to maintain goal SpO₂ ≥ 92%

Airway support
Cardiac monitor

Consider, EtCO₂ monitoring
Consider, Establish IV/IO

Other systemic symptoms
Anaphylaxis

Wheezing

Stridor

Barking cough without stridor

Epinephrine 1:1,000 nebulized
Use Broselow Tape; refer to dosing guide

Normal Saline nebulized
Use Broselow Tape; refer to dosing guide

Notify receiving facility. Consider Base Hospital for medical direction
Pearls

- A silent chest in respiratory distress is a pre-respiratory arrest sign.
- Diffuse wheezing in patients < 1 year, it is almost always bronchiolitis, not asthma. For these patients, suctioning and supplemental oxygen are appropriate treatments.
- Pulse oximetry monitoring is required for all respiratory patients.