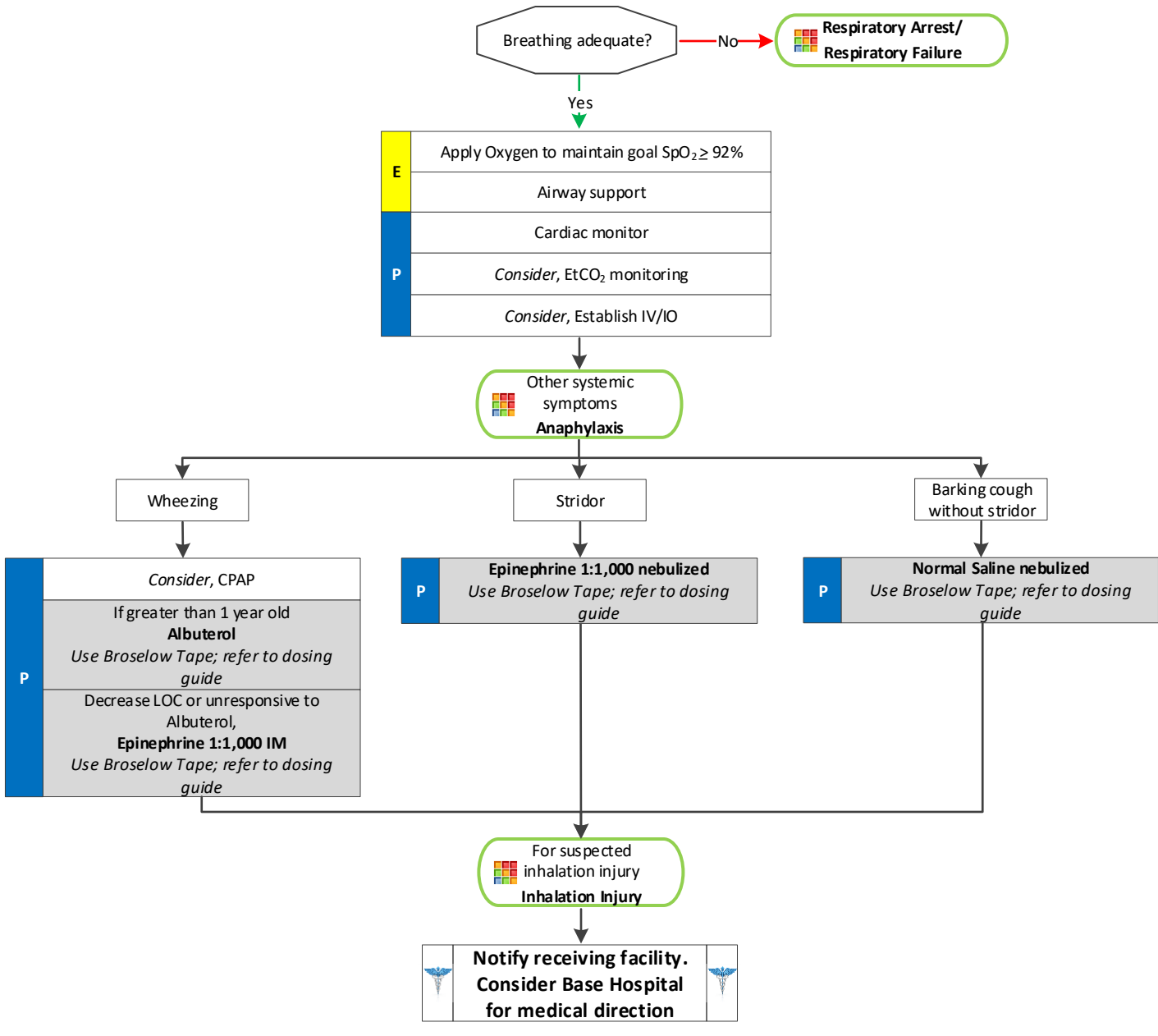


# Pediatric Respiratory Distress/Bronchospasm

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

<p><b>History</b></p> <ul style="list-style-type: none"> <li>• Asthma</li> <li>• COPD – chronic bronchitis, emphysema</li> <li>• Home treatment (e.g., oxygen or nebulizer)</li> <li>• Medications (e.g., Theophylline, steroids, inhalers)</li> <li>• Frequency of inhaler use</li> </ul>	<p><b>Signs and Symptoms</b></p> <ul style="list-style-type: none"> <li>• Shortness of breath</li> <li>• Pursed lip breathing</li> <li>• Decreased ability to speak</li> <li>• Increased respiratory rate and effort</li> <li>• Wheezing or rhonchi/diminished breath sounds</li> <li>• Use of accessory muscles</li> <li>• Cough</li> <li>• Tachycardia</li> </ul>	<p><b>Differential</b></p> <ul style="list-style-type: none"> <li>• Asthma</li> <li>• Anaphylaxis</li> <li>• Foreign body aspiration</li> <li>• Partial airway obstruction (i.e. epiglottitis)</li> <li>• Croup</li> <li>• Pleural effusion</li> <li>• Pneumonia</li> <li>• Pulmonary embolus</li> <li>• Pneumothorax</li> <li>• Cardiac (MI or CHF)</li> <li>• Pericardial tamponade</li> <li>• Hyperventilation</li> <li>• Inhaled toxin (e.g., carbon monoxide, etc.)</li> </ul>
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Pediatric Respiratory Distress Treatment Protocols

# Pediatric Respiratory Distress/Bronchospasm

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

### Bronchospasm ("Shark-fin" appearance)

- Asthma
- COPD



### 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.

