**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 ronchi/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)
- Pericardial tamponade
- Hyperventilation
- Inhaled toxin (e.g., carbon monoxide, etc.)

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**Breathing adequate?**

- Yes

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**Respiratory Arrest/Respiratory Failure**

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**Apply Oxygen to maintain goal SpO₂ ≥ 92%**

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**Airway support**

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**Cardiac monitor**

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**Consider, EtCO₂ monitoring**

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**Consider, Establish IV/IO**

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**Other systemic symptoms**

- Anaphylaxis

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**Wheezeing**

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**Consider, CPAP**

- If greater than 1 year old
- **Albuterol**
  - Use Broselow Tape; refer to dosing guide
- **Epinephrine 1:1,000 IM**
  - Use Broselow Tape; refer to dosing guide
- Decrease LOC or unresponsive to Albuterol

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**Stridor**

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**Epinephrine 1:1,000 nebulized**

- Use Broselow Tape; refer to dosing guide

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**For suspected inhalation injury**

- **Inhalation Injury**

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

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**Effective April 2022**

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**Effective November 2018**

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**Other systemic symptoms**

- Anaphylaxis

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**Wheezing**

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**Barking cough without stridor**

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**Normal Saline nebulized**

- Use Broselow Tape; refer to dosing guide
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.