

# Pediatric Respiratory Distress/Bronchospasm

For asthma exacerbations, epiglottitis 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)
- Pericardial tamponade
- Hyperventilation
- Inhaled toxin (e.g., carbon monoxide, etc.)



Pediatric Respiratory Distress Treatment Protocols

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## 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.

