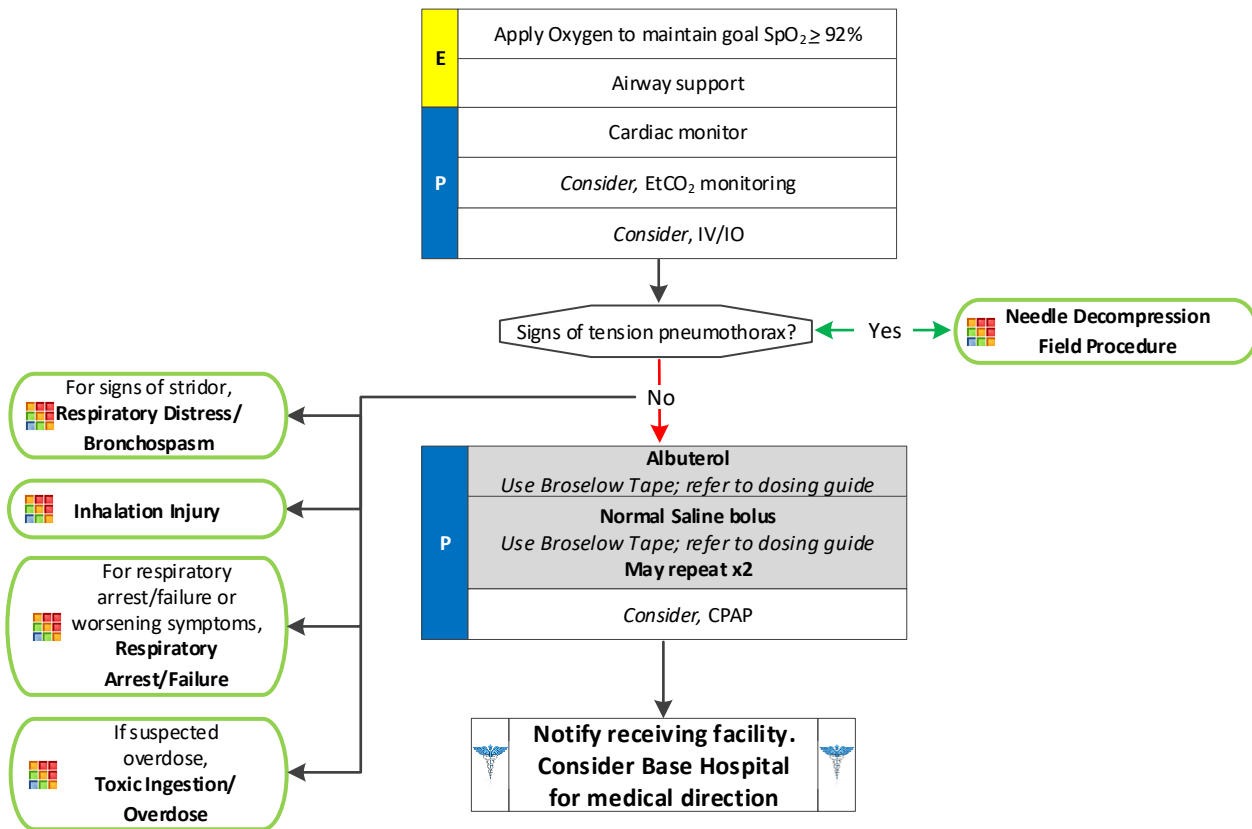


Pediatric Respiratory Distress Other

For patients with pulmonary disease that is not croup, bronchiolitis, congenital heart disease or bronchospasm; includes suspected pneumonia, PE, pneumothorax and non-pulmonary and unknown causes of respiratory distress

<p>History</p> <ul style="list-style-type: none"> Recent respiratory illness, including pneumonia Pulmonary embolism Pneumothorax Medications (e.g., antibiotics, steroids, inhalers) Non-pulmonary and unknown causes of respiratory distress Anxiety Home ventilator/oxygen 	<p>Signs and Symptoms</p> <ul style="list-style-type: none"> Shortness of breath Decreased ability to speak Increased respiratory rate and effort Rhonchi/diminished breath sounds Use of accessory muscles Cough Tachycardia Fever Hypotension 	<p>Differential</p> <ul style="list-style-type: none"> Asthma/COPD Anaphylaxis Aspiration Sepsis/Metabolic acidosis Pleural effusion Pneumonia Pulmonary embolus Pneumothorax/Tension pneumothorax Epiglottitis Pericardial tamponade Hyperventilation Toxin (e.g., carbon monoxide, ASA.)
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Pearls

- For suspected anxiety, consider calming and coaching to slow breathing prior to starting ALS treatment.
- CPAP is contraindicated for patients with signs/symptoms of a pneumothorax.
- Signs/symptoms of a tension pneumothorax include: AMS; hypotension; increased pulse and respirations; absent breath sounds or hyperresonance to percussion on affected side; jugular vein distension; difficulty ventilating; and tracheal shift.
- Pulse oximetry monitoring is required for all respiratory patients.