

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

History

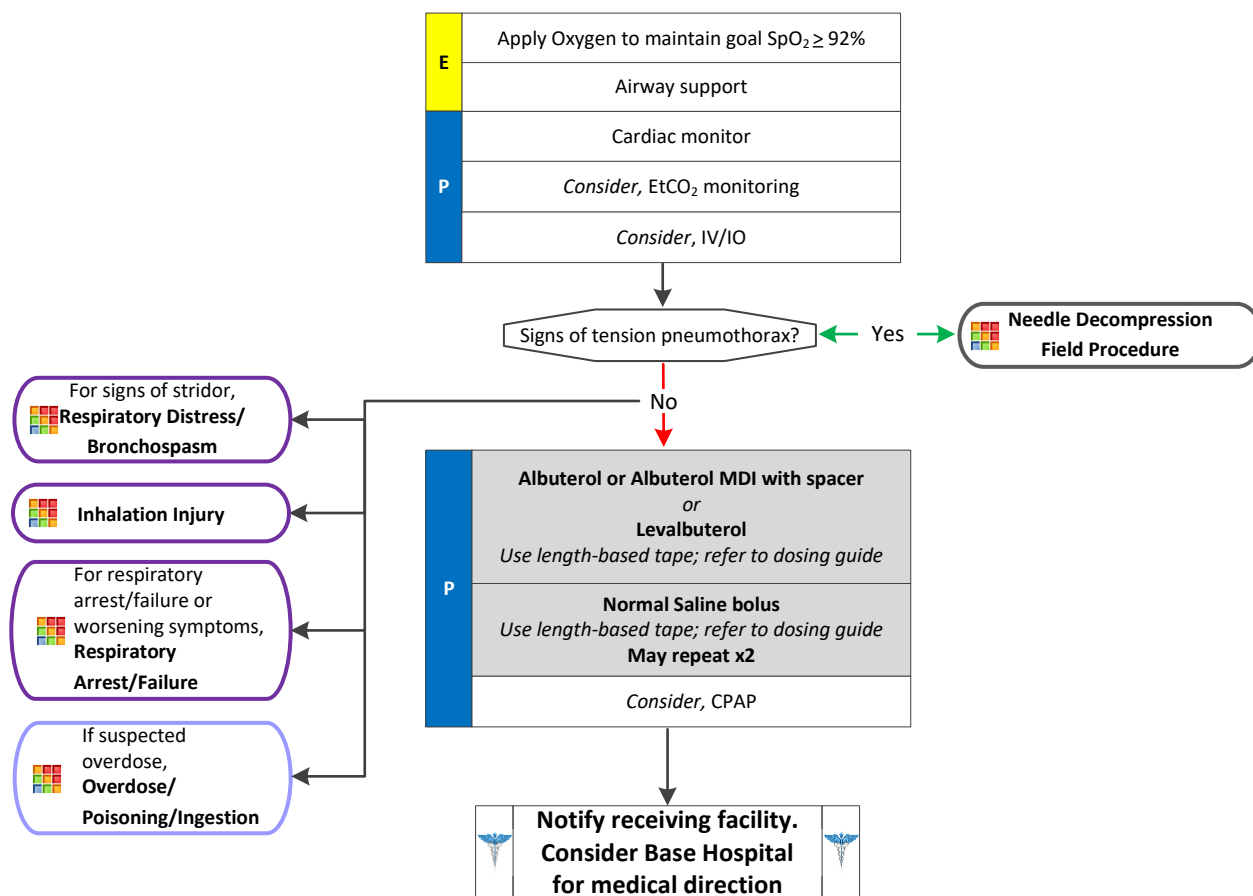
- Recent respiratory illness, including pneumonia
- Pulmonary embolism
- Pneumothorax
- Medications (e.g., antibiotics, steroids, inhalers)
- Non-pulmonary and unknown causes of respiratory distress
- Anxiety
- Home ventilator/oxygen

Signs and Symptoms

- Shortness of breath
- Decreased ability to speak
- Increased respiratory rate and effort
- Rhonchi/diminished breath sounds
- Use of accessory muscles
- Cough
- Tachycardia
- Fever
- Hypotension

Differential

- 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.)



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.