

### *Michigan* OBSTETRICS AND PEDIATRICS PEDIATRIC RESPIRATORY DISTRESS, FAILURE, OR ARREST

Initial Date: 10/25/2017 Revised Date: 05/24/2023

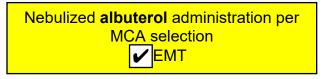
Section 4-5

# Pediatric Respiratory Distress, Failure or Arrest

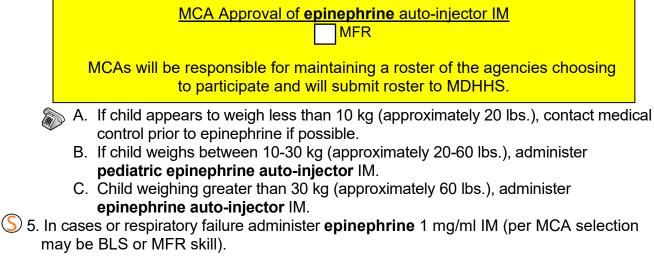
- 1. Follow General Pre-hospital Care-Treatment Protocol.
- 2. Pediatric patients (< 14 years) utilize MI MEDIC cards for appropriate medication dosage. When unavailable utilize pediatric dosing listed within protocol
- 3. Assess the patient's airway
  - A. If unable to ventilate patient after airway repositioning refer to Foreign Body Airway Obstruction-Treatment Protocol and/or Airway Management-Procedure Protocol
  - B. Consider anaphylaxis refer to Allergic Reaction/Anaphylaxis-Treatment Protocol
- 4. Allow the patient a position of comfort that also maintains an open airway.
- 5. Titrate SpO2 to 94%
  - A. Have a parent assist with oxygen via blow by or mask support.
- 6. Airway should be managed by least invasive method possible.
- 7. Suction secretions if needed.
- 8. Consider CPAP if appropriate size available, follow CPAP-Procedure Protocol
  9. Do not delay transport for interventions.
- (S) 10. Attempt vascular access only if necessary for patient treatment.

Suspected Bronchospasm (Wheezing):

- 1. Assist the patient in using their own albuterol Inhaler, if available and medication has not expired and is prescribed to patient.
- S 2. Administer albuterol 2.5 mg/3ml NS nebulized (Per MCA selection may be EMT skill) per Medication Administration-Medication Protocol



- 3. Consider CPAP if appropriate size available, follow **CPAP- Procedure Protocol**
- 3. In cases of respiratory failure administer **epinephrine auto-injector**



MCA Name: Jackson County MCA MCA Board Approval Date: 1/16/24 MCA Implementation Date: 4/1/24 MDHHS Approved: 5/24/2023



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NOTE: BLS not carrying epinephrine auto-injector MUST participate in draw up epinephrine. <u>MCA Approval of draw up epinephrine.</u> <u>MFR</u> <u>BLS</u> Personnel must complete MCA approved training prior to participating in draw up epinephrine. MCAs will be responsible for maintaining a roster of the agencies choosing to

participate and will submit roster to MDHHS.

- A. If child appears to weigh less than 10 kg (approximately 20 lbs.), contact medical control prior to epinephrine if possible.
  - B. If child weighs between 10-30 kg (approximately 60 lbs.), administer **epinephrine** (concentration of 1mg/1mL) 0.15 mg (0.15mL) IM
  - C. Child weighing 30 kg or greater; administer **epinephrine** (concentration of 1mg/1mL) 0.3 mg (0.3 mL) IM
- 6. Per MCA selection, administer **prednisone** 50 mg PO to children > 6 years of age (if available per MCA selection).

Additional Medication Option: Prednisone 50 mg tablet PO (Children > 6 y/o)

- A. If prednisone is not available, patient is < 6 years of age, or patient is unable to receive medication PO, administer **methylprednisolone** IV/IO/IM:
  - i. Pediatrics: 2mg/kg

## Stridor/Suspected Croup:

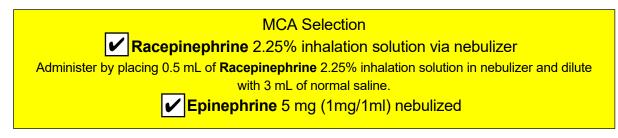
- 1. Croup is most common in children 6 months to 6 years of age
- 2. Commonly associated with recent upper airway infection or fever
- 3. If foreign body is suspected, and unable to be removed contact Medical Control prior to administration of nebulized racepinephrine/epinephrine See Foreign Body Airway Obstruction-Treatment Protocol
  - 4. Consider humidified oxygen
  - 5. If patient presents with stridor at rest <u>without</u> suspected airway obstruction administer nebulized **epinephrine** per MCA selection (Medical Control contact not required):



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6. Do not delay transport.

### Respiratory Failure or Arrest:

- 1. Ventilate the patient using an appropriately sized BVM with supplemental oxygen.
  - A. Chest rise is the best indicator of successful ventilation.
  - B. Ventilate at a rate appropriate for the patient:
    - i. Infant: 30 breaths per minute
    - ii. Child: 20 breaths per minute
  - S C. Utilize capnography per End Tidal Carbon Dioxide Monitoring-Procedure Protocol to maintain end tidal CO2 35-45 mm Hg.
- 2. Bag Valve Mask is the preferred method of ventilation for kids under 8 years old.
  - A. When unable to ventilate with BVM and basic airway adjuncts, consider advanced airway see Airway Management-Procedure Protocol
- 3. If opioid overdose is suspected, administer **naloxone** according to MI-MEDIC cards. If MI-MEDIC is unavailable, administer **naloxone** per **Opioid Overdose Treatment and Prevention-Treatment Protocol**.
- 4. Monitor EKG and refer to **Pediatric Crashing Patient/Impending Arrest-Treatment Protocol** or appropriate cardiac protocol as required.

Medication Protocols Albuterol Epinephrine Methylprednisolone Prednisone Racepinephrine