







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.
-  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.
-  2. Administer **albuterol 2.5 mg/3ml** NS nebulized (Per MCA selection may be EMT skill) per **Medication Administration-Medication Protocol**

Nebulized **albuterol** administration per
MCA selection
 EMT

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

MCA Approval of **epinephrine** auto-injector IM
 MFR

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 20-60 lbs.), administer **pediatric epinephrine auto-injector IM**.
- C. Child weighing greater than 30 kg (approximately 60 lbs.), administer **epinephrine auto-injector IM**.
-  5. In cases or respiratory failure administer **epinephrine 1 mg/ml IM** (per MCA selection may be BLS or MFR skill).


NOTE: BLS not carrying epinephrine auto-injector **MUST** participate in draw up epinephrine.


MCA Approval of draw up **epinephrine**.

- MFR
- BLS

Personnel must complete MCA approved training prior to participating in draw up **epinephrine**.

MCA's 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 \leq 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 **racpinephrine/epinephrine** See **Foreign Body Airway Obstruction-Treatment Protocol**
- 4. Consider humidified oxygen
-  5. If patient presents with stridor at rest without suspected airway obstruction administer nebulized **epinephrine** per MCA selection (Medical Control contact not required):

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Section 4-5

MCA Selection



- Racpinephrine 2.25%** inhalation solution via nebulizer

Administer by placing 0.5 mL of **Racpinephrine 2.25%** inhalation solution in nebulizer and dilute with 3 mL of normal saline.

- Epinephrine 5 mg (1mg/1ml)** nebulized

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
 -  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

Racpinephrine