

This protocol will focus on patients with medical causes as a source of their respiratory distress. Management of patients with dyspnea associated with trauma is not covered in this protocol. Obtain and document a pulse oximetry reading and monitor ETCO₂ waveform capnography on all patients treated under this protocol.

A. Acute Bronchospasm (Asthma) [Lower Airway]

BLS

1. Initial Assessment/Care (**Protocol 1**).

ALS

2. Administer **Albuterol**:
 - a) ≤ 10 kg, administer **Albuterol 1.25 mg** (1.5 mL) diluted in 2mL Normal Saline (**Procedure 2**).
 - b) >10 kg, administer **Albuterol, 2.5 mg** (3 mL) via a nebulizer (**Procedure 2**).
3. If no improvement after first Albuterol:
 - a) <10 kg, administer **1.25mg Albuterol mixed with 0.25 mg Atrovent** (volume should be approximately 3 ml) via a nebulizer (**Procedure 2**).
 - b) >10 kg, administer **Albuterol, 2.5 mg mixed with Atrovent 0.5 mg** via a nebulizer (**Procedure 2**).
4. If indicated by continued distress, administer a third dose of Albuterol (appropriate dose per weight) (**Procedure 2**).
5. Consider the need for assisted ventilation and advanced airway.
6. If severe respiratory distress / dyspnea, administer **Magnesium Sulfate 40 mg/kg** (max dose of 2 g) mixed in a 50 mL of NS over 30 minutes IV.

MCP

5. **Epinephrine, 1:1000, 0.01 mg/kg IM (0.1 mL/kg)**. (Maximum dose of 0.3 mg)

B. Stridor – Croup / Epiglottitis [Upper Airway]

BLS

1. Initial Assessment/Care (**Protocol 1**).
2. Avoid agitating a child suspected with signs / symptoms of epiglottitis.
3. Administer nebulized saline via a nebulizer as an alternative to humidified oxygen.

For suspected epiglottitis, avoid agitating the child and allow child to remain in the position of comfort and do not examine the epiglottis. Do not force an oxygen delivery mask on these patients, the blow-by oxygen administration technique is recommended as necessary. Avoid any procedure that will agitate these patients.

ALS

4. For croup patients, administer 3 – 5 mL of **Epinephrine 1:1000** via a nebulizer.

Nebulized Epinephrine is contraindicated for patients with suspected epiglottitis.

C. Respiratory Depression

For suspected opiate-type overdoses (such as codeine, heroin, fentanyl, hydrocodone, morphine, oxycodone, etc.)

EMR / BLS

1. Initial Assessment/Care (**Procedure 1**).
2. Administer supplemental oxygen (**Procedure 1**) as needed.
3. Administer intranasal Narcan via the M.A.D device.
 1. Assemble equipment (**Procedure 39**).
 2. Administer 0.5 mg (0.5 cc) in each nostril.

ALS

1. Administer **Narcan (Naloxone) 0.1 mg/kg** IV/IO up to a max single dose of 0.4mg. Repeat as needed until there is improvement in respiratory effort.

NOTE: Narcan (Naloxone) should be administered only to patients showing signs of respiratory depression.

D. Pulmonary Edema**MCP**

Contact MCP for direction.