



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
RESPIRATORY DISTRESS (PEDIATRIC)

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.

ALS STANDING ORDER

1. For presentation of respiratory distress:
Pulse oximetry, for oxygen saturation less than 95%:
 - ▶ *High-flow Oxygen by mask or nasal cannula 6 l/min flow rate (direct or blow-by) as tolerated*
2. In addition, if one of the following highlighted conditions exists, treat as indicated:

Possible allergic reaction with respiratory distress, administer:

- ▶ *Epinephrine: 0.01 mg/kg IM (1 mg/mL preparation) (maximum dose 0.3 mg).*
→ ALS escort to nearest appropriate ERC.

Wheezes, suspected asthma:

- ▶ *Albuterol 6 mL (5 mg) continuous nebulization as tolerated.*
- ▶ *CPAP, if proper mask size available, as tolerated and if not contraindicated (reference: PR-120).*
→ ALS escort to nearest appropriate ERC.

Croup-like Cough (recurrent "barking-type"):

- ▶ *Normal saline 3 mL by continuous nebulization as tolerated.*

If signs or symptoms of poor perfusion:

- ▶ *Establish IV access*
- ▶ *infuse 20 mL/kg Normal Saline bolus, may repeat twice to maintain perfusion.*
→ ALS escort to nearest appropriate ERC.

3. Base Hospital Contact for any of above conditions if no response to therapy or status worsens.

Approved: