



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES

#: BH-P-35
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Org. Date: 11/2016
Revise Date: 10/01/2019

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/CCERC 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 0.5 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.
 - Coup-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/CCERC contact for any of above conditions if no response to therapy or status worsens.

Approved:

Carl Schultz, MD

Reviewed: 11/2016; 9/2019
Final Date for Implementation: 04/01/2020
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