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.
2. Pediatric GCS (Procedure B-02):

Variable	Description	Score
Eye Opening	Eyes opening spontaneously	4
	Eyes opening to sound	3
	Eyes opening in response to painful stimulus	2
	No eye opening	1
Verbal Response	Smiles, oriented to sounds, follows objects, interacts, coos	5
	Irritable cries and inappropriate interactions	4
	Cries in response to pain	3
	Inconsolable and moans in response to pain	2
	No verbal response	1
Motor Response	Infant moves spontaneously or purposefully	6
	Infant withdraws form touch	5
	Infant withdraws from pan	4
	Abnormal flexion to pain for an infant (decorticate response)	3
	Extension to pain (decerebrate response)	2
	No motor response	1
Maximum Score		15

3. Wheezes, suspected asthma:
   Albuterol 6 mL (5 mg) continuous nebulization as tolerated. If no improvement, consider epinephrine 0.01 mg/kg IM lateral thigh area one time (limit one-time dose to maximum of 0.5mg)

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. If no improvement, consider BH contact for IM epinephrine order.
   - ▶ 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; 8/2024, 8/2025
Final Date for Implementation: 10/13/2025