CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

**FOR TRAINING ONLY.
PROTOCOL WILL GO INTO EFFECT ON
JUNE 1, 2025**

Manual	Policy Number 530.38
Emergency Medical Services Administrative Policies and Procedures	
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Paramedic Treatment Protocols **PEDIATRIC RESPIRATORY DISTRESS (EPIGLOTTITIS, ASTHMA, BRONCHIOLITIS, CROUP)**	
References	Effective
Title 22, Division 9, Chapter 3.3 of the California Code of Regulations	Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS

Assessment	Evaluate for signs of respiratory distress (nasal flaring, retractions, head bobbing) and auscultate the lungs. Assess vital signs including SpO2.
Suction	Suction as needed. Perform nasal suction with bulb syringe in infants.
Airway & Ventilation	Protect with position and basic airway maneuvers. Assist respirations as needed.
Oxygen	Provide 100% oxygen by non-rebreather mask or blow-by.
Monitor	Cardiac monitoring and pulse oximetry.
Wheezing/Bronchospasm:	
Albuterol	Nebulized Albuterol 5 mg/6cc. May repeat twice. Transport should begin immediately after first treatment is initiated. In patients < 6 months of age, initial dose of albuterol may be administered. Contact base prior to administration of repeat doses.
Epinephrine IM	Epinephrine 0.01 mg/kg 1:1000 intramuscular (maximum dose 0.4 mg). For severe respiratory distress due to bronchospasm only.
Suspected Croup with Severe Inspiratory Stridor:	
Nebulized Epinephrine	0.5 mg/kg Epinephrine 1:1000 (1mg/1ml solution) via nebulizer. Max dose 5 mg nebulized. Add normal saline for total volume of 5 ml, if needed.
Transport	Minimize on scene time. Begin transport after initiation of first medication dose. A parent should be allowed to accompany the child to the hospital to ease the child's fears and apprehension.
Contact Base	Contact Hospital per EMS Policy #530.02

Approved By		Revision
EMS Director	**Daniel J. Lynch** (Signature on File at EMS Agency)	**DRAFT**
EMS Medical Director	**Miranda Lewis, MD** (Signature on File at EMS Agency)	

Subject	Policy
Paramedic Treatment Protocols – Pediatric Respiratory Distress	Number 530.38

BASE HOSPITAL ORDERS	
*1. Transtracheal Jet	Ventilate – 100% oxygen with anesthesia adapter. Use bag-valve-mask in children 14 years and under.

SPECIAL CONSIDERATIONS AND PRIORITIES

1. Do not struggle with an agitated patient. Apply the highest concentration oxygen possible in a non-intrusive manner.

2. Infants are obligate nose breathers and nasal congestion may contribute to respiratory distress. Consider nasal suctioning with a bulb syringe in infants.

3. Somnolence and extreme lethargy is a sign of impending respiratory failure. Consider Naloxone administration early if signs of impending respiratory failure and any suspicion of accidental ingestion of opiates. Refer to Policy #530.18.

4. Albuterol may be administered using a T-piece in patients requiring bag valve mask ventilation. Prioritize administration of Epinephrine in patients requiring bag valve mask ventilation.

5. In patients with known or suspected congenital heart disease, contact base hospital for guidance.

6. If epiglottitis is suspected (high fever, drooling, quiet crying), do not attempt to visualize the airway. Place patient in position of comfort. Minimize agitation and crying.

7. Asthma is uncommon in patients < 6 months of age. Consider bronchiolitis as possible cause of wheezing in infants. Bronchiolitis is treated with oxygen, nasal suctioning, and respiratory support.

8. Croup typically occurs in patients 6 months to 4 years. Patients have history of harsh barking cough and may have inspiratory stridor. Consider partial foreign body airway obstruction if no history of cough or recent illness with stridor. If history suggests partial foreign body airway obstruction, refer to EMS Policy #530.17.