CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual:	Emergency Medical Services Administrative Policies and Procedures	Policy Number: 510.35 Page: 1 of 1
Subject:	Basic Life Support (BLS) Protocols **PEDIATRIC RESPIRATORY DISTRESS**	
References:	California Administrative Code, Title 22, Division 9, Chapter 3.1	Effective: 11/15/83

STANDING ORDERS	
Assessment	Evaluate for signs of respiratory distress. Observe respirations and auscultate the lungs. Assess vital signs including SpO_2.
Suction	Suction as indicated. Perform nasal suctioning with a bulb syringe in infants as needed.
Airway & Ventilation	Protect with position and basic airway maneuvers. Assist respirations as needed.
Oxygen	Provide 100% oxygen by non-rebreather mask or blow-by.
Transport	STAT transport. Transport Code 3 if patient is unstable. Consider prehospital ALS rendezvous. Place the patient in a position of comfort. Allow caregiver to hold patient if appropriate.

SPECIAL CONSIDERATIONS AND PRIORITIES

1. Respiratory distress in children may manifest as nasal flaring, intercostal retractions, cyanosis, or tachypnea. Somnolence or extreme lethargy is a sign of impending respiratory failure. Be prepared to assist respirations.

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

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

4. 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 #510.13.

5. Consider allergic reaction as a possible cause for respiratory distress. If suspected allergic reaction, refer to Protocol #510.32.

6. If child has evidence of epiglottitis with high fever, stridor or quiet crying, drooling, use of accessory muscles:
    a. Allow parent or guardian to hold child. Avoid agitating the child.
    b. Have parent or guardian administer high flow oxygen to child.
    c. Immediate transport but not Code 3 unless child deteriorates.

Approved By: EMS Division Manager	**Daniel J. Lynch** (Signature on File at EMS Agency)	Revision: **06/01/2025**
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