

Bayfield-Ashland Counties EMS PEDIATRIC	P-4 RESPIRATORY DISTRESS - BRONCHIOLITIS
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SYMPTOMS: Child less than 2 years old with diffuse rhonchi (coarse breath sounds) or an otherwise undifferentiated illness characterized by rhinorrhea (runny nose), cough, fever, tachypnea, and/or respiratory distress.

Assessment, Treatment and Interventions

EMR-O; EMT-R

1. Manage the airway in the least invasive way possible.
2. Primary survey.
 - a. Note signs of distress – grunting, nasal flaring, retracting, stridor
 - b. Breath sounds
 - c. Air entry (normal vs. diminished)
 - d. Weak cry
 - e. Color
 - f. Mental status
 - g. Hydration status
3. Obtain and monitor vital signs including temperature, pulse, blood pressure, respirations and SpO₂.
4. Administer oxygen as appropriate with a target of achieving greater than 93% saturation.
5. Suction the nose and/or mouth if excessive secretions present.

EMT-R

6. Utilize non-visualized airways only if bag-valve-mask ventilation fails.
7. Obtain ETCO₂.

EMT-O; AEMT-R

8. If approved within your service, administer CPAP (continuous positive airway pressure) or BiPAP (Bi-level positive airway pressure) for severe respiratory distress.

AEMT-R

9. Place IVs only in children with respiratory distress for clinical concerns of dehydration, or when administering IV medications.

INT-R

10. Administer nebulized epinephrine [2.5–5 ml nebulized] in children in severe respiratory distress with bronchiolitis (e.g. coarse breath sounds) in the prehospital setting if other treatments (e.g. suctioning, oxygen) fail to result in clinical improvement.

INT-O; PARA-R

11. Utilize intubation only if bag-valve-mask ventilation fails.