

Respiratory Distress / Failure / Arrest (Pediatric)**CFR AND ALL PROVIDER LEVELS**

1. ABCs
2. Airway management.
 - a. If an obstructed airway is suspected, see the Obstructed Airway (Pediatric) protocol.
3. Assess breathing:
 - a. If respiratory distress is present:
 - i. Administer oxygen and allow the patient to maintain a comfortable, upright position.
 - b. If respiratory failure is present:
 - i. Assist ventilations at a rate of 20 breaths per minute.
 1. Chest rise is the best indication of adequate ventilation in the pediatric patient.
 2. Do not over-inflate the lungs.
4. Keep the child warm.

● CFR STOP**EMT**

5. Request ALS assistance.
6. Transport, keeping the child warm.

● EMT STOP**Paramedic**

For patients in actual or impending respiratory arrest, or who are unconscious and cannot be adequately ventilated:

7. If overdose is suspected, refer to the Altered Mental Status (Adult and Pediatric) protocol.
8. Perform Endotracheal Intubation, if less invasive methods of airway management are not effective.
9. If a tension pneumothorax is suspected, perform Needle Decompression. (See Appendix O)

● Paramedic STOP**Medical Control Options**

If there is insufficient improvement in respiratory status:

1. Intravascular access. (Attempt IV access no more than twice.)

Key Points / Considerations

1. Respiratory Distress is characterized by:
 - a. Increased respiratory effort **without** central cyanosis (anxiety, nasal flaring, or intercostal retractions).
2. Respiratory Failure is characterized by:
 - a. Ineffective respiratory effort **with** central cyanosis (agitation, lethargy, severe dyspnea, labored breathing, bobbing, grunting, or marked intercostal and parasternal retractions).
3. Bradycardia is an ominous sign that indicates hypoxic cardiac arrest may be imminent.
4. High concentration oxygen should always be used in pediatric patients.
5. **Do not** allow the mask to press against the eyes.
6. **Do not** hyper-extend the neck.

7. Refer all weight based fluids/medications to a Length Based Dosing Device.
8. Tension pneumothorax in a child in respiratory arrest may develop after resuscitative efforts have begun.