

PEDIATRIC ASTHMA

RESPIRATORY DISTRESS WITH WHEEZING

HPI	Signs & Symptoms	Differential Diagnosis
<ul style="list-style-type: none"> Time of onset Possibility of foreign body PMH and medications Fever, infection 	<ul style="list-style-type: none"> Wheezing or stridor Retractions See-saw respirations Diaphoresis Tripod AMS Hypoxia 	<ul style="list-style-type: none"> Aspiration Foreign body obstruction Infection Pneumonia, croup Epiglottitis Medication, toxin Congenital heart disease

	EMR	EMT	PM
1. Provide Pediatric Routine Medical Care - treat life threatening problems with airway, breathing, circulation and disability.	•	•	•
2. Obtain ECG, monitor Capnography.		•	•

SEVERE/IMPENDING FAILURE: Altered Mental Status, pale/diaphoretic, exhaustion

3. Consider ventilating with BVM on 100% OXYGEN with airway adjuncts, 1 breath every 2-3 sec.	•	•	•
4. DuoNeb: ALBUTEROL : 2.5mg / IPRATROPIUM BROMIDE : 0.5mg		•	•
5. EPINEPHRINE 1 mg/mL: 0.01 mg/kg IM in anterolateral thigh, max. 0.3mg		•	•
6. MAGNESIUM SULFATE : 25 mg/kg diluted in 100 mL D5W IVPB, over 15 min. , max. 2 g			•
7. If patient continues to deteriorate contact OLMC : EPINEPHRINE 1 mg/mL: 0.01 mg/kg IM in anterolateral thigh, max. 0.3mg		•	•
8. DuoNeb: ALBUTEROL : 2.5mg / IPRATROPIUM BROMIDE : 0.5mg		•	•
9. ALBUTEROL : 2.5 mg NEB, may repeat 5 min.		•	•

MILD/MODERATE: GCS 15, MAP >65, skin warm/dry

3. Administer OXYGEN to maintain SPO2 94 - 99%.	•	•	•
4. DuoNeb: ALBUTEROL : 2.5mg / IPRATROPIUM BROMIDE : 0.5mg, may repeat once		•	•
5. ALBUTEROL : 2.5 mg NEB, may repeat 5 min.		•	•

PEARLS:

- MAGNESIUM SULFATE** may cause hypotension that will usually respond to a fluid bolus.

Use Calculator for dosing