



## San Benito County Emergency Medical Services Agency

### RESPIRATORY DISTRESS WITHOUT WHEEZES

Policy : R1-P  
Effective : May 1, 2010  
Reviewed : May 1, 2010

#### I. BLS Treatment Protocol:

- A. Treat life threats. (See Policy 4000)
- B. Keep patient upright or in position of comfort.
- C. Keep patient and family calm.
- D. Remember to keep the child in the lap of a caregiver whenever possible on scene. This will keep the child more calm, help to prevent further worsening of symptoms, and allow for better evaluation of the child's respiratory status.
- E. Prepare for transport/ transfer of care.

#### II. ALS Treatment Protocol:

- A. Treat life threats. (See Policy 4000)
- B. Observe respirations, auscultate lung fields, listen for "croupy cough" and/or wheezes. If wheezes are present, proceed to "Respiratory Distress With Wheezes" (R2-P) protocol.
- C. If child presents with symptoms consistent with croup (history of upper respiratory infection, fever, "seal bark" cough, or stridor) consider blow by nebulized NS to cool inflamed subglottic tissues.
- D. Consider CPAP
- E. Transport.
- F. Contact Base Station.

#### Notes:

- An increased work of breathing - typified by retractions, grunting, head bobbing and nasal flaring is the most specific indicator of respiratory distress.
- Fatigue is the most specific indicator for impending respiratory failure.
- Respiratory failure is the number one cause of pediatric cardiac arrest. Bradycardia is almost always caused by hypoxia in children and is an ominous and late finding.
- **CPAP** is authorized for use only in patients that are 8 years and older.