**ORANGE COUNTY EMERGENCY MEDICAL SERVICES**
BASE HOSPITAL TREATMENT GUIDELINES
**RESPIRATORY DISTRESS (PEDIATRIC)**

## BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.

2. Signs or symptoms of poor perfusion not responsive to fluid boluses:

   ► Dopamine 80 mg/250 mL Normal Saline, titrate between 5 mcg/kg/min to 20 mcg/kg/min (see dosing reference sheet) to maintain systolic blood pressure above 80 systolic.

## ALS STANDING ORDER

1. For all presentations of respiratory distress:
   Pulse oximetry, for oxygen saturation less than 95%:
   ► *High-flow Oxygen by mask as tolerated.*

2. In addition, if one of the following highlighted conditions exists, treat as indicated:

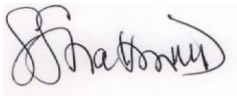
**Stridor (including possible allergic reaction), administer:**
- ► *Albuterol 6 mL (5mg) continuous nebulization as tolerated.*
- ► *Epinephrine 0.01 mg/kg SQ (1:1,000 concentration, maximum dose 0.3 mg).*
  - → *ALS escort to nearest appropriate ERC.*

**Wheezes, suspected asthma:**
- ► *Albuterol 6 mL (5 mg) continuous nebulization as tolerated.*
- ► *CPAP, if proper mask size available, as tolerated and if not contraindicated (reference PR-120).*

For wheezing consistent with asthma, not responding to albuterol or CPAP, administer:
- ► *Epinephrine 0.01 mg/kg SQ (1:1,000 concentration, maximum dose 0.3 mg)*
  - → *ALS escort to nearest appropriate ERC.*

**If signs or symptoms of poor perfusion:**
- ► *Establish IV access.*
- ► *infuse 20 mL/kg Normal Saline bolus, may repeat twice to maintain perfusion.*
  - → *ALS escort to nearest appropriate ERC.*

3. Base Hospital Contact for any of above conditions if no response to therapy or status worsens.

Approved: 


OCEMS copyright © 2013