PROTOCOL

	Provider order required? [ ] Yes [X] No
TITLE:	**RESPIRATORY EMERGENCIES – CROUP, EPIGLOTTITIS, BRONCHIOLITIS, RDS**
STATEMENT:	This protocol will serve to provide a clear path of treatment for patients with croup, epiglottitis, bronchiolitis, or RDS. Treatment may include pharmacologic intervention. Respiratory distress is a common complaint in conjunction Reactive Airway Disease and keys to management should focus around rapid and thorough assessment then leading to early intervention. Interventions should be followed by frequent reassessment and adjustment in care if needed.
PROTOCOLS:	**RESPIRATORY EMERGENCIES – CROUP, EPIGLOTTITIS, BRONCHIOLITIS, RDS**
SCOPE:	BLS, ALS, Critical Care
RELATED DOCUMENTS:	General Medical Scope of Practice Medical Control Airway Management

	Provider order required? [ ] Yes [X] No
PROTOCOL I:	**RESPIRATORY EMERGENCIES – CROUP, EPIGLOTTITIS, BRONCHIOLITIS**
CRITERIA FOR INTERVENTION:	Applies to all patients experiencing Croup, Epiglottitis, Bronchiolitis, or Respiratory Distress Syndrome who are cared for by Magic Valley Paramedic's. A key goal in managing children in respiratory distress is to recognize and treat respiratory conditions amenable to simple measures, i.e., oxygen, positioning, and medication. Treatment of pediatric respiratory emergencies is guided by the underlying etiology and the severity of symptoms. Epiglottitis is inflammation of the Epiglottis and adjacent Supraglottic structures. Without treatment, Epiglottitis can process to life-threatening airway obstruction. Croup (Laryngotracheitis) is a respiratory illness characterized by inspiratory stridor, barking cough, hoarseness and stridor. It typically occurs in children six months to three years of age and has a very rapid onset. It is most often caused by the parainfluenza virus but may also be associated with RSV or secondary bacterial infections. Bronchiolitis is a clinical syndrome that occurs in children < 2 years of age and is characterized by upper respiratory symptoms leading to lower respiratory inflammation and infection. Resulting

	in an increased respiratory effort, wheezing and or crackles. Typical pathogens that cause Bronchiolitis include Respiratory Syncytial Virus, Rhinovirus and Parainfluenza Virus.

CLINICAL TREATMENT GUIDELINES:

I. Position child to maintain airway patency
   a. Elevate head of bed or position of comfort
   b. Suction secretions as needed
II. Consider supplemental oxygen
   a. maintain Sp02 >94%, unless regarding neonatal populations
III. Avoid additional stressors
IV. Complete rapid assessment to determine severity and possible cause of distress
V. Maintain normothermia
VI. Ensure adequate hydration
VII. Frequent reassessments
VIII. Antipyretics for fever per physician order
IX. Antibiotics, per physician order

UPPER AIRWAY

I. Croup
   a. Utilize blowby oxygen
   b. Limit stimulation
   c. If indicated advance to Airway Management Protocol
II. Interfacility:
   a. Utilize humidified oxygen when indicated
   b. Consider Nebulized Racemic Epinephrine
   c. Administer Dexamethasone per physician order or consider Methylprednisolone
   d. Consider Budesonide for symptoms unrelieved by Racemic Epinephrine
   e. If indicated advance to Airway Management Protocol
      i. consider downsizing ETT to 0.5-1 size smaller than indicated
III. Epiglottitis
   a. Minimize placing anything into patient's mouth
   b. Keep patient calm and upright
   c. Avoid intubation unless respiratory failure; if possible have anesthesia personnel present – consider pediatric tube introducer (bougie) and smaller ETT

LOWER AIRWAY

I. Bronchiolitis
   a. Suction nares and pharynx as needed
   b. NPO
   c. Consider Blow-by oxygen
   d. If indicated advance to Airway Management Protocol
      i. Consider NIPPV before intubation

SPECIAL CONSIDERATIONS:

I. Less than 1% of Croup patients seen in the ED require intubation.
II. If no clinical response is seen after either bronchodilator, do not continue inhalation therapy.