

	Department Name Address	ALS	Paramedic
		Revision #	
		Implementation Date	
Protocol	2.2.3 Asthma - Pediatric	Last Reviewed/Update Date	
Author / Owner		Medical Director	

Asthma is considered an obstruction of the lower airway. Care should be focused on adequate oxygenation, ventilation and medication administration to improve breathing. Respiratory emergencies are life threatening in the pediatric population; it is critical to be alert for early signs of decompensation.

1. Baseline care standards.
2. Place patient in a position of comfort and reassure the patient.
3. Administer high flow oxygen.
4. Assist with prescribed metered dose inhaler if the patient has one.
5. If wheezing persists administer:
 - *Albuterol 2.5mg in 3cc Normal Saline-* by nebulizer.
 - Patient may receive continuous *Albuterol nebulizer* treatments until breath sounds are clear.
6. If respiratory distress is severe:
 - *Epinephrine 0.01mg/kg of 1:1000 solution SQ. If patient is < 8 years old, 0.15 mg up to a maximum dose of 0.3mg; if patient is > 8 years old, maximum dose is 0.3 – 0.5 mg.*
 - *Solu-Medrol® 2 mg/kg IV over 1 minute up to a maximum dose of 125mg.*
7. Monitor vital signs and airway closely.
8. Consider that a reduced respiratory rate may indicate fatigue and pending respiratory failure. Ventilate and/or intubate as appropriate.
9. Start IV of Normal Saline at a TKO/KVO rate.
10. Transport with the appropriate response.

Medical Director's Signature

Date

Disclaimer:

The protocols have been developed by the North Dakota Department of Health are meant to be used as general guidance for developing protocols for individual emergency medical services agencies. These sample protocols are not meant to be medical or legal advice; nor do they establish standards of care. Each emergency medical services agency must tailor protocols based on their specific needs or capabilities. Local medical directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. The North Dakota Department of Health make no representation on the accuracy of information contained herein and accepts no liability for any loss or damage arising from any content error or omission.