

PG06 Pediatric Breathing Difficulty

Objectives:

To appropriately manage breathing difficulty in pediatric patients

General Information:

- In the patient with stridor, drooling, and forward posture, let the patient maintain a position of comfort if they are maintaining their own airway
- In severe asthma, wheezing may not be present due to insufficient tidal volume
- For **severe asthma**, medical control may order other medications:
 - a) Magnesium sulfate
 - i) 50 mg/kg (max dose 2 g) IV/IO drip
 - ii) Mix in 250 mL NS administer over 10-15 minutes
 - b) Epinephrine 1:1,000
 - i) 0.01 mg/kg SQ or IM, max dose 0.5 mg
- Solu-medrol should not be routinely administered to pediatric patients; however, it may be considered for extended transports (physician order only)
 - a) Dose: 2 mg/kg (max dose 125 mg)
- Overdoses on drugs such as beta-blockers, tricyclic antidepressants and calcium-channel blockers may produce pulmonary edema



Warnings/Alerts:

OMD Notes:

References:

Performance Indicators:

Breath Sounds Before and After Treatment
Treatment and Response to Treatment

Initial and Ongoing SpO₂

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