



# County of Santa Cruz

## HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL  
SERVICES PROGRAM

Protocol No. R1-P  
Updated April 15, 2014

### Emergency Medical Services Program

Approved

Medical Director

**Subject: Respiratory Distress Without Wheezes**

#### **I. BLS Treatment Protocol:**

- A. Treat life threats. (See Policy 4000)
- B. Consider CPAP. (See Policy 5800)
- C. Keep patient upright or in position of comfort.
- D. Keep patient and family calm.
- E. 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.
- F. 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 a ominous and late finding.
- **CPAP** is authorized for use only in patients that are 8 years and older.