



**ORANGE COUNTY EMERGENCY MEDICAL SERVICES  
BASE HOSPITAL TREATMENT GUIDELINES**

#: BH-P-35  
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**RESPIRATORY DISTRESS – PEDIATRIC**

**BASE GUIDELINES**

- 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/CCERC contact.
- Pediatric GCS (Procedure B-02):

Variable	Description	Score
Eye Opening	Eyes opening spontaneously	4
	Eyes opening to sound	3
	Eyes opening in response to painful stimulus	2
	No eye opening	1
Verbal Response	Smiles, oriented to sounds, follows objects, interacts, coos	5
	Irritable cries and inappropriate interactions	4
	Cries in response to pain	3
	Inconsolable and moans in response to pain	2
	No verbal response	1
Motor Response	Infant moves spontaneously or purposefully	6
	Infant withdraws form touch	5
	Infant withdraws from pan	4
	Abnormal flexion to pain for an infant (decorticate response)	3
	Extension to pain (decerebrate response)	2
	No motor response	1
<b>Maximum Score</b>		<b>15</b>

**ALS STANDING ORDER**

- For presentation of respiratory distress:
  - Pulse oximetry, for oxygen saturation less than 95%:
    - ▶ High-flow Oxygen by mask or nasal cannula 6 L/min flow rate (direct or blow-by) as tolerated
- In addition, if one of the following highlighted conditions exists, treat as indicated:

**Possible allergic reaction with respiratory distress, administer:**

- ▶ **Epinephrine: 0.01 mg/kg IM (1 mg/mL preparation)** (maximum dose 0.5 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).
- ▶ ALS escort to nearest appropriate ERC.

**Coup-like Cough (recurrent “barking-type”):**

- ▶ **Normal Saline 3 mL by continuous nebulization** as tolerated.

**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.

- Base Hospital/CCERC contact for any of above conditions if no response to therapy or status worsens.

Approved:

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