



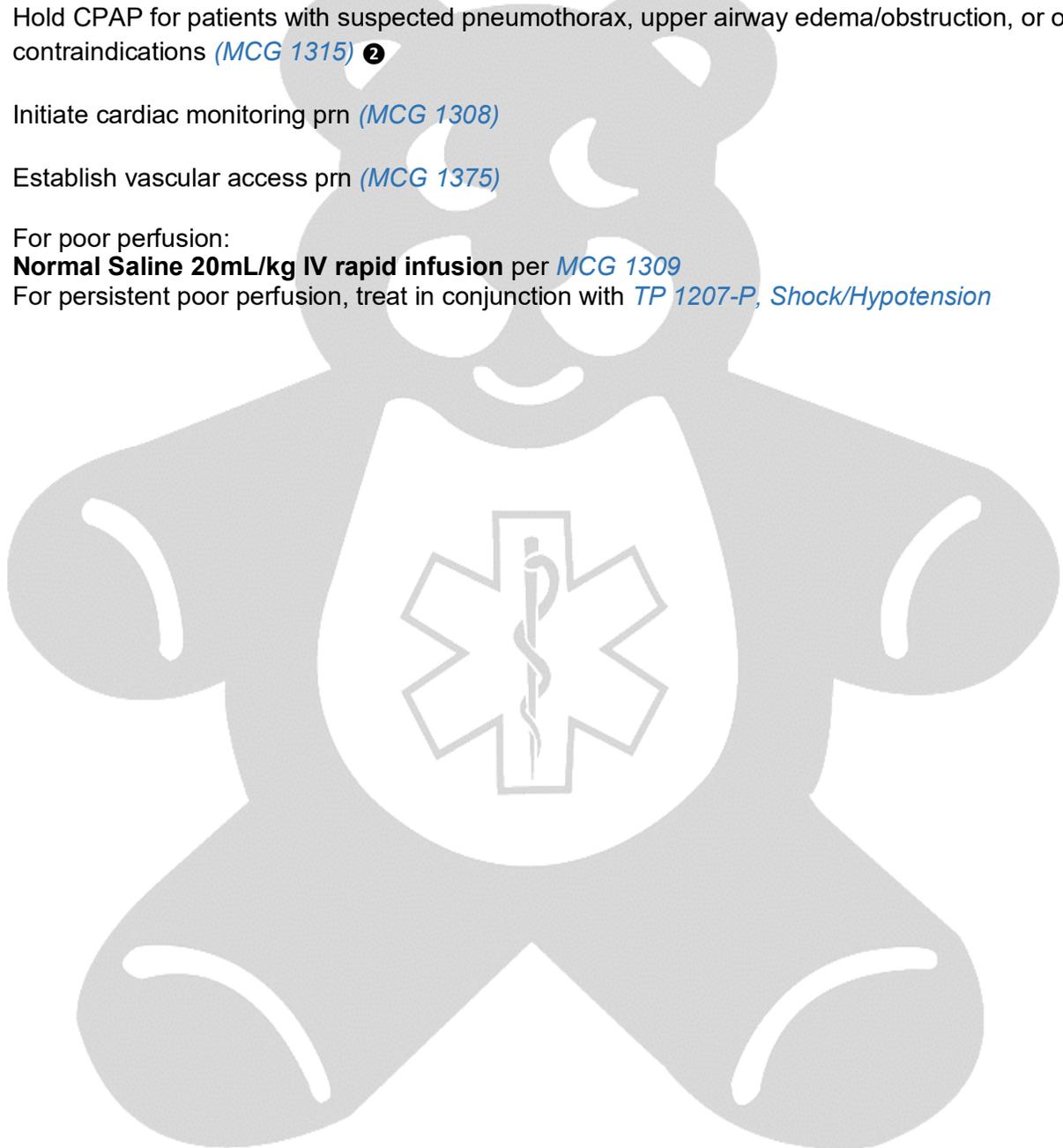
Base Hospital Contact: Required for severe respiratory distress unresponsive or not amenable to CPAP

1. Assess scene for safety
2. Use appropriate PPE
3. Remove from environment if potential for ongoing exposure
4. Assess airway and initiate basic and/or advanced airway maneuvers prn (*MCG 1302*)
5. If patient awake and alert, place in position of comfort
6. Administer **Oxygen** prn (*MCG 1302*)
High-flow Oxygen 15L/min for all patients with smoke inhalation, carbon monoxide exposure, or severe respiratory distress due to airway injury, regardless of SpO₂ ①
7. Advanced airway prn (*MCG 1302*)
8. If patient has an Unmanageable Airway (*MCG 1302*)
Initiate immediate transport to the EDAP and **CONTACT BASE**
9. Assess for signs of trauma
If traumatic injury suspected, treat in conjunction with *TP 1244-P, Traumatic Injury*
10. For airway burns, treat in conjunction with *TP 1220-P, Burns*
11. For suspected carbon monoxide exposure, treat in conjunction with *TP 1238-P, Carbon Monoxide Poisoning*
12. For suspected exposure to hazardous materials, treat in conjunction with *TP 1240-P, HAZMAT*
13. For airway edema and/or stridor:
< 1 year old: **Epinephrine (1mg/mL) 2.5mL via neb** per *MCG 1309* ①
≥ 1 year of age: **Epinephrine (1mg/mL) 5mL via neb** per *MCG 1309* ①
Repeat x1 in 10 min prn
14. For wheezing/bronchospasm (consider also for cough):
< 1 year of age: **Albuterol 2.5mg (3mL) via neb** per *MCG 1309* ①
≥ 1 year of age: **Albuterol 5mg (6mL) via neb** per *MCG 1309* ①
Repeat x2 prn

CONTACT BASE for additional Albuterol after maximum dose administered



15. Initiate CPAP for patients with moderate or severe respiratory distress, size longer than the length-based resuscitation tape (e.g., Broselow Tape™), and SBP \geq 90mmHg
Hold CPAP for patients with suspected pneumothorax, upper airway edema/obstruction, or other contraindications ([MCG 1315](#)) ②
16. Initiate cardiac monitoring prn ([MCG 1308](#))
17. Establish vascular access prn ([MCG 1375](#))
18. For poor perfusion:
Normal Saline 20mL/kg IV rapid infusion per [MCG 1309](#)
For persistent poor perfusion, treat in conjunction with [TP 1207-P](#), *Shock/Hypotension*





SPECIAL CONSIDERATIONS

- ❶ Consider blow-by to avoid agitation in pediatric patients if a mask cannot be tolerated (e.g., infants and toddlers).
- ❷ Contraindications to CPAP include: ALOC with inability to follow commands or hold head up independently, active vomiting, facial trauma, or inability to protect airway. While CPAP may be used in pediatric patients, current ALS equipment does not support use of CPAP in pediatric patients who are not longer than the Broselow Tape™.

