



**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 SpO<sub>2</sub> 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 including cyanide toxicity, 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):  
    < 4 year of age: **Albuterol 2.5mg (3mL) via neb** per [MCG 1309](#) ①  
    ≥ 4 year of age: **Albuterol 5mg (6mL) via neb** per [MCG 1309](#) ①  
    Repeat x2 prn

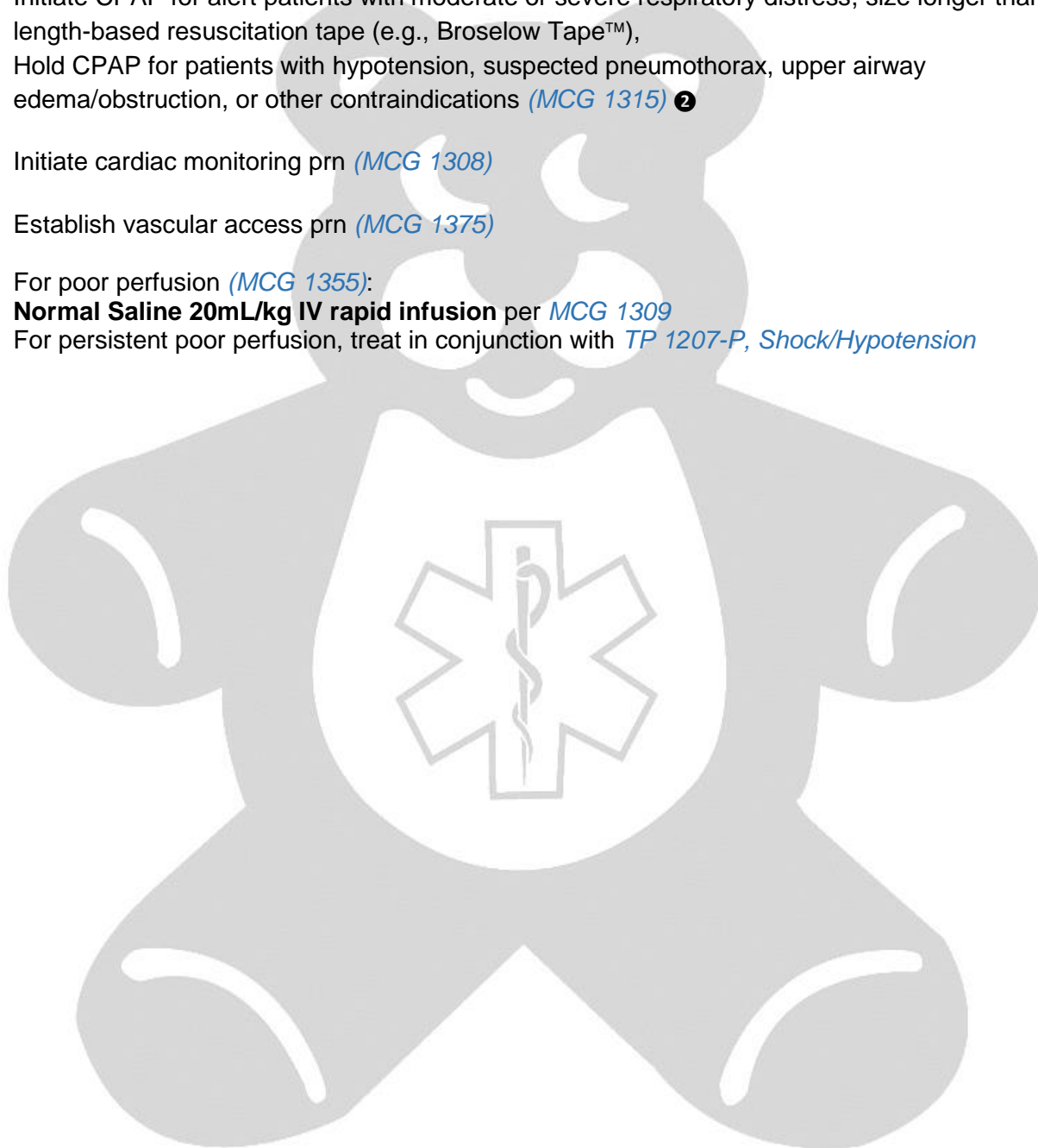


**Treatment Protocol: : INHALATION INJURY**

**Ref. No. 1236-P**

**CONTACT BASE** for additional Albuterol after maximum dose administered

15. Initiate CPAP for alert patients with moderate or severe respiratory distress, size longer than the length-based resuscitation tape (e.g., Broselow Tape™),  
Hold CPAP for patients with hypotension, 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 (*MCG 1355*):  
**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 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™.

