2.4P Asthma, Bronchiolitis, Croup

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ASTHMA, BRONCHIOLITIS, CROUP - EMT STANDING ORDERS

- Routine Patient Care.
- Attempt to keep oxygen saturation ≥ 94%; increase oxygen rate with caution and observe for fatigue, decreased mentation, and respiratory failure.
- Assist the patient with his/her metered dose inhaler (MDI): 4-6 puffs.
  - May repeat every 5 minutes, as needed.
  - MDI containing either albuterol, levalbuterol, or a combination of albuterol/ ipratropium bromide.
- For patients ≤ 2 who present with increased work of breathing and rhinnorhea, provide nasal suctioning with saline drops and bulb syringe.

Wheezing ≥ 2 years or history of asthma — YES → Asthma orders below; NO → Wheezing < 2 years old

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ASTHMA - ADVANCED EMT STANDING ORDERS

- Consider Unit dose DuoNeb **OR** albuterol 2.5mg and ipratropium bromide 0.5mg via nebulizer.
  - Consider additional DuoNeb, may repeat every 5 minutes (3 doses total).
- Consider albuterol 2.5 mg via nebulizer every 5 minutes, as needed.
- For patients who do not respond to treatments, or for impending respiratory failure, consider:Consider CPAP, See CPAP 5.2 Procedure.

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ASTHMA - PARAMEDIC STANDING ORDERS

Consider:

- Dexamethasone 0.6mg/kg PO/IM/IV (PO preferred), maximum 10 mg **OR**
- Methylprednisolone 2 mg/kg IV/IM, maximum 125 mg.

For patients who do not respond to treatment or for impending respiratory failure consider:

- Magnesium sulfate 40 mg/kg in 100ml 0.9% NaCl IV over 20 minutes.
- Epinephrine (1:1000) 0.01 mg/kg (0.01mL/kg) IM. (maximum dose less than 25kg is 0.15mg or greater than 25kg is 0.3mg)

Wheezing < 2 years old — YES → Bronchiolitis orders; NO → History of stridor or barky cough

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BRONCHIOLITIS - PARAMEDIC STANDING ORDERS

For patients who do not respond to suctioning or for impending respiratory failure consider:

- Nebulized epinephrine (1:1000) 3mg (3mL) in 3mL normal saline .

History of stridor or barky cough — YES → Croup orders

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CROUP - PARAMEDIC STANDING ORDERS

Consider:

- Dexamethasone 0.6mg/kg by mouth or IM/IV (by mouth preferred) maximum 10mg.

Croup with stridor at rest:

- Nebulized epinephrine (1:1000) 3mg (3mL) in 3mL normal saline.

Child with a “silent chest” may have severe bronchospasm with impending respiratory failure.

PEARLS:

- For suspected epiglottitis, transport the patient in an upright position and limit your assessment and interventions

Bronchiolitis

- Incidence peaks in 2-6 month old infants.
- Frequent history of low-grade fever, runny nose, and sneezing.
- Signs and symptoms include: tachypnea, rhinorrhea, wheezes and / or crackles.

Croup

- Incidence peaks in children over age 6 months.
- Signs and symptoms include: hoarseness, barking cough, inspiratory stridor, signs of respiratory distress.
- Avoid procedures that will distress child with severe croup and stridor at rest.

The New Hampshire Bureau of EMS has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. These protocols, policies, or procedures MAY NOT BE altered or modified.