

PEDIATRIC WHEEZING / ASTHMA PROTOCOL

•RESPIRATORY THERAPY CHECKLIST FOR PEDIATRIC EMERGENCY ROOM

- Check each drawer in the respiratory cart and restock supplies
- Check that each room has a Pediatric and Adult Ambu-Bag
- Notify the nursing staff or physician for missing equipment
- Check that each room has a Neonatal, Pediatric, and Adult cushioned masks for the Ambu-Bags
- Check that each room has a suction canister and suction equipment
- Dispose of any miscellaneous respiratory equipment left in the room

•Respiratory Assessment

- Include Peak Flow and/or FEV for patients > 6 years old or patients capable of operating peak flow meter

-Respiratory Rate

-Accessory Muscle Use

-Presence of Wheezing

-Heart Rate

-Degree of Breathlessness

•While walking or with exertion

-Position of Comfort (upright, sitting, lying down)

-Ability to speak (words, phrases, sentences)

-Degree of agitation

-Skin color

-Pre- Discharge Training

•Peak Flow for patients > 6 years old or patients capable of operating peak flow meter

•MDI with Spacer training (4-8 puffs q 4 hours PRN exacerbation)

•Dispose of the used respiratory equipment

•Standard Respiratory Protocol

-Initial Respiratory Assessment

-Pre- Treatment Pulsox

-Albuterol Treatment

-Repeat Respiratory Assessment

-Post- treatment Pulsox

-Report findings to physician

-Obtain further orders

-Pre- Discharge Training

•**MILD ASTHMA PROTOCOL**

- Respiratory Assessment
- Give Albuterol 2.5 mg and unit dose Atrovent / Ipratropium Bromide every 20 minutes for 3 doses
- Repeat Respiratory Assessment
- Pre- Discharge Training

•**MODERATE ASTHMA PROTOCOL**

- Respiratory Assessment
- Give Albuterol 10 mg with 3 unit doses of Atrovent (Ipratropium Bromide) continuously nebulized for 1 hour
- Repeat Respiratory Assessment
- Pre- Discharge Training

•**SEVERE ASTHMA PROTOCOL**

- Respiratory Assessment
- Give Albuterol 20 mg with 3 unit doses of Atrovent (Ipratropium Bromide) continuously nebulized for 1 hour
- Repeat Respiratory Assessment
- Pre- Discharge Training

•Corticosteroids:

- Solu-Medrol:** 2mg/kg IV (adult max 250mg)
- Prednisone:** 2mg/kg PO (max 60mg)
- Decadron:** 0.6 - 1mg/kg PO, IV, IM (max 16mg).
- Oral preferred if tolerated.

•**Bronchiolitis**

- Controversial
- Frequent and aggressive bulb suction with saline nasal drops
- Albuterol 2.5 mg nebulized
- Racemic Epinephrine nebulized
- Decadron

Pediatric Asthma / Wheezing Protocol

1. Contact the ER physician to assess the patient in the triage area or obtain a verbal order to initiate the protocol if there is a delay in placing the patient in the Pediatric Emergency Room.
2. Determine if the patient has ever had an episode of wheezing previously.
3. Initiate the Mild Asthma Protocol:
 - a. **•MILD ASTHMA PROTOCOL**
 - i. Respiratory Assessment
 - ii. Give Albuterol 2.5 mg and unit dose Atrovent / Ipratropium Bromide every 20 minutes for 3 doses
 - iii. Repeat Respiratory Assessment
4. Contact the ER physician for further orders

Physician Signature *Date & Time*

() Verbal order obtained and RBO. _____

RN Signature *Date & Time*