Pediatric Respiratory Emergencies By Type

Always Start With The Basics

Position to maintain patent airway  
Suction as Needed  
O₂  
ECG monitor – if indicated

Upper Airway Obstruction

Croup  
- Epinephrine (nebulized)  
- Corticosteroids

Anaphylaxis  
- Epinephrine (IM)  
- Albuterol  
- Antihistamines  
- Corticosteroids

Foreign Body Obstruction  
- Heimlich if obstructed completely  
- Position of Comfort (if moving air)  
- Speciality Consult

Lower Airway Obstruction

Asthma  
- Albuterol + Ipratropium  
- Corticosteroids  
- Subcutaneous Epinephrine  
- Magnesium Sulfate  
- Terbutaline

Bronchiolitis  
- Nasal Suctioning  
- Bronchodilator

Disordered Work of Breathing

Intracranial Pressure Increase  
- Avoid Hypoxemia  
- Avoid Hypercarbia  
- Avoid Hyperthermia

Neuromuscular  
- Ventilation Support if applicable

Overdose/Poisoning  
- Individual antidote if known or available  
- Contact Poison control for specific treatment

Lung Tissue Disease

Pulmonary Edema  
- Consider ventilation support  
- Consider PEEP  
- Vasoactive support  
- Diuretic

Pneumonia  
- Albuterol  
- Antibiotics (as indicated)  
- CPAP if needed

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