# Pediatric Respiratory Emergencies By Type

## Always Start With The Basics

- **Position to maintain patent airway**
- **Suction as Needed**
- **O₂**
- **ECG monitor**

### 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

---


Version control: This document follows 2020 American Heart Association® guidelines for CPR and ECC. American Heart Association® guidelines are updated every five years. If you are reading this page after December 2025, please contact support@acls.net for an update. Version 2021.01.a*