

Ped O – Oxygen, Airway, and Respiratory Disorders  
1/14/2018

**O = Give oxygen and consider resp/airway/breathing emergencies!**

**\*\*\*Hypoxic kids need oxygen\*\*\***

**Airway emergencies to know cold:**

- **Foreign body (FB)** – kiddo with *stridor and hx of choking episode*.
  - o Consider a CXR -> may show FB or secondary effects (expanded or collapsed lung)
  - o Bronchoscopy if high suspicion!
- **Peritonsillar abscess, bacterial tracheitis, epiglottitis, retropharyngeal abscess**
  - o **Toxic** + symptoms like **drooling, hoarse voice**, or inability to even turn their neck
  - o Calm the kiddo, give IV abx, and **CONTROL THAT AIRWAY**
  - o Peritonsillar abscess can potentially be drained orally

**Breathing emergencies to know cold:**

- **Bronchiolitis** - viral URI -> mucus plugging small airways -> impaired ventilation
  - o **WORK OF BREATHING MATTERS: Grunting, flaring, retractions are BAD**
  - o High work of breathing, hypoxia, poor intake/output = ADMIT
  - o **Best tx = deep suctioning!** Consider O2 or trial of albuterol
  - o Try to resist CXR, steroids, continuous pulse ox, or abx
- **Asthma** – call respiratory, get a CXR
  - o 1<sup>st</sup> line = Albuterol/ipratropium and steroid
  - o 2<sup>nd</sup> line = magnesium, ketamine, IV epinephrine
- **Croup** -> barky cough and stridor -> give steroid +/- racemic epinephrine
- **Pneumonia** – probably overtested for, CXR kiddos who look sick and have a fever or high suspicion -> give abx
- **Cystic fibrosis** -> get the ball rolling for inpatient team. Admit, bronchodilators, saline neb, bipap, abx)