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*.
  - Consider a CXR -> may show FB or secondary effects (expanded or collapsed lung)
  - **Bronchoscopy if high suspicion!**

- **Peritonsillar abscess, bacterial tracheitis, epiglottitis, retropharyngeal abscess**
  - **Toxic** + symptoms like *drooling, hoarse voice*, or inability to even turn their neck
  - Calm the kiddo, give IV abx, and **CONTROL THAT AIRWAY**
  - Peritonsillar abscess can potentially be drained orally

**Breathing emergencies to know cold:**

- **Bronchiolitis** - viral URI -> mucus plugging small airways -> impaired ventilation
  - **WORK OF BREATHING MATTERS:** Grunting, flaring, retractions are BAD
  - High work of breathing, hypoxia, poor intake/output = ADMIT
  - **Best tx = deep suctioning!** Consider O2 or trial of albuterol
  - Try to resist CXR, steroids, continuous pulse ox, or abx

- **Asthma** – call respiratory, get a CXR
  - 1st line = Albuterol/ipratropium and steroid
  - 2nd 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)