PEDIATRIC EMERGENCIES

1. Bronchiolitis

Viral infection causing inflammation of the bronchioles.

Age: usually under 1 year

Season: Winter or early spring

Presentation: Dyspnea, cyanosis, cough or grunt or wheeze, slight fever, anxious, irritable, rapid & shallow respirations. (Presentation is similar to asthma& the history should differentiate).

Treatment: Humidified oxygen by mask; if necessary, assist ventilations

2. Asthma

Spasm & constriction of the bronchi with hypersecretions.

Age: usually over1 year. Check for a history

Season: Anytime

Presentation: Similar to bronchiolitis but no fever. Nasal flaring and use of accessory breathing muscles. If severe attack, patient will be exhausted and unable to move.

Treatment: Humidified oxygen by nasal cannula or mask. If severe attack, use Bag-Valve-Mask Resuscitator or Positive Pressure.

*NOTE An asthmatic attack is a serious medical emergency.

3. Croup

Viral infection of the upper airway (larynx, trachea & bronchial tree) producing inflammation and edema leading to blockage.

Age: 6 months to 4 years

Season: 80% of cases in winter. Usually starts at night.

Presentation: Dramatic onset with noisy respirations (seal bark or inspiratory stridor) producing dyspnea. As the airway problem worsens, there will be nasal flaring and use of accessory breathing muscles. Diaphoresis, tachypnea, tachycardia. Patient anxiety will lead to exhaustion. Patient will sit and refuse to lie down.

Treatment: EMT must be calm and reassuring. Be prepared for sudden airway emergency. Check for obstructed airway but DO NOT probe the mouth. Administer humidified oxygen by mask and transport without delay.

4. Epiglottitis

Bacterial infection with inflammation of the epiglottic area. Thick mucus.

Age: 2 to 6 years

Season: Winter

Presentation: Thick mucus secretions collect so lots of energy is required by patient to move air. Patient tires and becomes hypoxic and hypercapnic. Laryngospasms may ensue and patient panics. Early on, the patient is restless with a sore throat, hoarse voice and pain with swallowing. May be stridor on inspiration. Fever of 102-105; drooling; cyanosis. Patient is anxious, apprehensive and sits upright. (No seal bark)

Treatment: Humidified oxygen by mask or cannula. If serious situation, use of BVM to clear secretions & counter hpoxia-hypercapnia O.K. Transport promptly in sitting position. Check for obstructed airway.

5. Airway Obstruction

Apply care for a complete obstruction only. If possible, encourage child to cough. With a complete obstruction, the standard procedures should work. Transport the child to the hospital even if your attempts at clearing the airway are successful.

6. Seizures

Seizures may be caused by head trauma, hypoxia, hypoglycemia, high fever
Questions to ask after initial assessment:

- Any history of seizures? How often? Under what conditions?
- How many seizures today?
- Recent head trauma? Diabetic? Taking medication?
- Describe the seizure

Treatment: If patient is in clonic phase, protect. If patient is in postictal phase, permit rest and get a history. For status epilepticus, maintain an open airway, administer oxygen, suction (if necessary), and transport. Call ahead for a standby. For a high fever, remove clothing and sponge body with tepid water.

7. Burns

Same care as for adults
Rule of Nines in Pediatrics:

- Head=18%
- Arms=9%
- Front trunk=18%
- Back trunk=18%
- Legs=14%
- Genital area=1%

8. Poisoning

Primary survey. Maintain airway. Try to identify. Transport (calling Poison Control is an option (212) POISONS).