

The Febrile Child with Respiratory Distress

- Its probably pneumonia, unless its wheezes or drools.
- ABCs, as always
- Give oxygen, as always
- Give antibiotics- who cares if its viral
- Rehydrate
- Drain any effusion

PNEUMONIA IN CHILDREN:

- **CHARACTERISTICS OF MODERATE ASTHMA**
 - Sats over 92
 - Peak flow over 50%
- **CHARACTERISTICS OF SEVERE ASTHMA**
 - Too breathless to feed or talk
 - Recession, use of accessory muscles
 - Resp rate > 30 (>50 in under-5s)
 - Pulse rate >120 (> 130 in 2-5s)
 - Peak flow <50%
- **CHARACTERISTICS OF LIFE THREATENING ASTHMA**
 - Depressed level of consciousness, or agitated
 - Exhaustion
 - Poor respiratory effort
 - Sats < 92%
 - Peak flow < 30%
 - hypotension

Respiratory rate, degree of wheeze and pulsus paradoxus are NOT very good signs of severity.

- ABCs come first
- Give oxygen
- Give salbutamol via MDI and spacer
 - If asthma is life threatening, use nebulized salbutamol
 - If the breathing is crap, **give IV salbutamol**
- **Give steroids: 3-5 day course; = faster recovery**
 - **No proven benefit of IV over oral steroids**
- Give Atrovent as well
- If the effort of breathing is still high, or they are exhausted, or LOC is low , you should consider bag-masking them