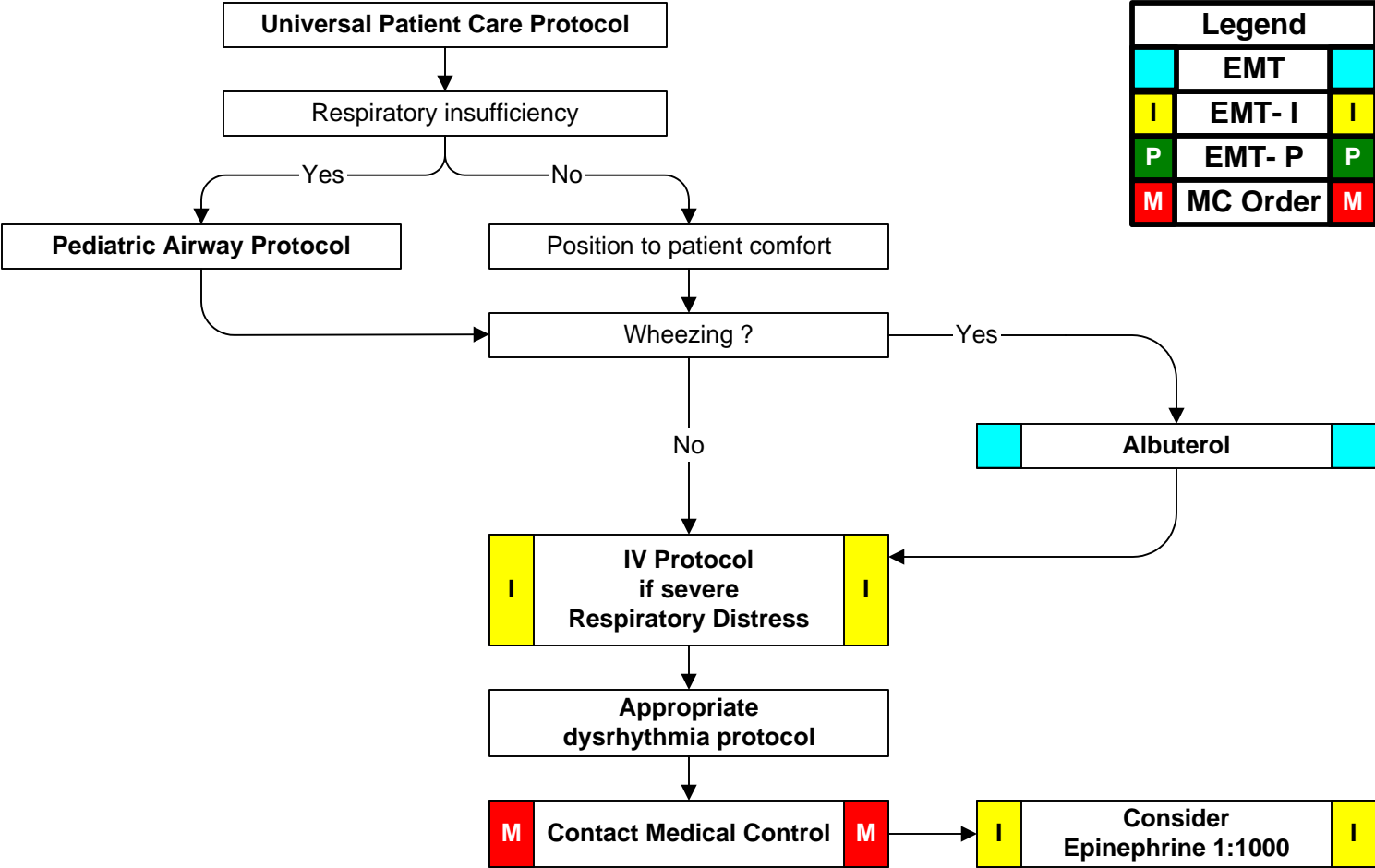




# Pediatric Respiratory Distress



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|--|---|---|
| <b>History:</b> <ul style="list-style-type: none"> <li>• Time of onset</li> <li>• Possibility of foreign body</li> <li>• Medical history</li> <li>• Medications</li> <li>• Fever or respiratory infection</li> <li>• Other sick siblings</li> <li>• History of trauma</li> </ul> | <b>Signs and Symptoms:</b> <ul style="list-style-type: none"> <li>• Wheezing or stridor</li> <li>• Respiratory retractions</li> <li>• Increased heart rate</li> <li>• Altered level of consciousness</li> <li>• Anxious appearance</li> </ul> | <b>Differential:</b> <ul style="list-style-type: none"> <li>• Asthma</li> <li>• Aspiration</li> <li>• Foreign body</li> <li>• Infection <ul style="list-style-type: none"> <li>• Pneumonia</li> <li>• Croup</li> <li>• Epiglottitis</li> </ul> </li> <li>• Congenital heart disease</li> <li>• Medication or Toxin</li> <li>• Trauma</li> </ul> |
|--|---|---|



- Pearls:**
- **Exam: Mental Status, HEENT, Skin, Neck, Heart, Lungs, Abdomen, Extremities, Neuro**
  - Do not force a child into a position. They will protect their airway by their body position.
  - The most important component of respiratory distress is airway control.
  - Croup typically affects children < 2 years of age. It is viral, possible fever, gradual onset, no drooling is noted.
  - Epiglottitis typically affects children > 2 years of age. It is bacterial, with fever, rapid onset, possible stridor, patient wants to sit up to keep airway open, drooling is common. Airway manipulation may worsen the condition.