NYC REMAC

Advisory No.	2016-03
Title:	Correction of REMAC ALS Protocol 550: Pediatric Respiratory Arrest
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The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article 30 of the New York State Public Health Law.

Advanced Life Support (Paramedic) Protocol 550 Pediatric Respiratory Arrest, has been corrected to be consistent with the regional and state BLS Protocols.

The corrected protocol is attached. New Language is **underlined and bold**. Deleted Language is ~~struck-out~~.

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

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550
PEDIATRIC RESPIRATORY ARREST

For pediatric patients in actual or impending respiratory arrest, or who are unconscious and cannot be adequately ventilated:

> **Note: If overdose is suspected, refer to protocol 556 (Pediatric Altered Mental Status)**

1. Begin Basic Life Support Pediatric Respiratory Distress/Failure procedures.

   Note: Do not hyper-extend the neck. If an obstructed airway is suspected, see protocol #551.

2. Perform Endotracheal Intubation, if less invasive methods of airway management are not effective.

3. If a tension pneumothorax is suspected, perform Needle Decompression, using an 18-20 gauge catheter. (See Appendix O.)

   Note: Tension pneumothorax in a child in respiratory arrest may develop after resuscitative efforts have begun.

During transport, or if transport is delayed:

4. Administer Naloxone, titrate in increments of ~~0.8~~ **0.5** mg, IM, up to response, up to 2 mg, in patients two (2) years of age or older. In patients less than two (2) years of age, titrate up to 1 mg. (Refer to Length Based Dosing Device)

5. If abdominal distention occurs, pass a Nasogastric Tube. If unsuccessful, pass an Orogastric Tube.

6. If there is insufficient improvement in respiratory status, contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:

MEDICAL CONTROL OPTIONS:

OPTION A: Begin an IV or IO infusion of Normal Saline (0.9% NS) to keep vein open, or a Saline Lock. Attempt vascular access no more than twice.

OPTION C: Transportation Decision.