

Pediatric Respiratory Distress/CHF/Pulmonary Edema

For congenital heart disease

History

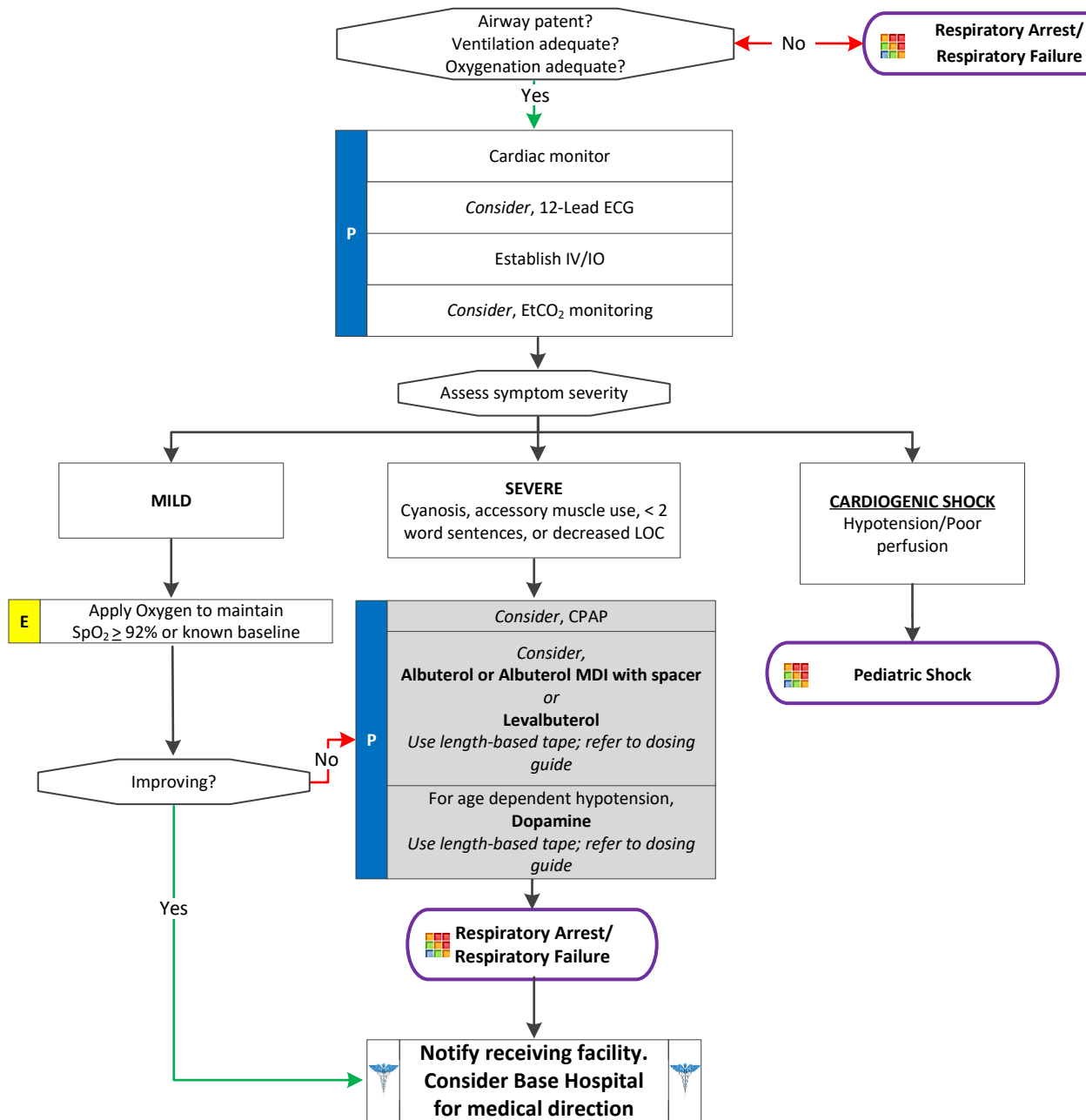
- Congestive heart failure
- Past medical history
- Medications
- Cardiac history and surgeries

Signs and Symptoms

- Hypotension/shock
- Accessory muscle use
- Mottling
- Bilateral rales/crackles
- Anxiety
- Orthopnea
- Jugular vein distension
- Pink, frothy sputum
- Peripheral edema
- Diaphoresis
- Hypertensive
- Wheezing

Differential

- Congenital heart disease
- Myocarditis
- Myocardial infarction
- Congestive heart failure
- Asthma
- Anaphylaxis
- Aspiration
- Pleural effusion
- Pneumonia
- Pulmonary embolus
- Pericardial tamponade
- Toxic exposure



Pediatric Respiratory Distress Treatment Protocols



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Pearls

- For patients with a cardiac history, consult the Base Hospital prior to administering albuterol/ levalbuterol. A cardiac child can present with non-pulmonary wheezing.
- For undifferentiated patients, a trial of albuterol/ levalbuterol can be considered.
- Hypotension is age dependent. This is not always reliable and should be interpreted in context with the patient's typical BP, if known. Shock may be present with a seemingly normal blood pressure initially. Hypotension is defined as:
 - Neonate: < 60mmHg or weak pulses
 - Infant: < 70mmHg or weak pulses
 - 1-10 years: < 70mmHg + (age in years x2)
 - Over 10 years: < 90mmHg
- Congenital heart disease varies by age:
 - < 1 month: Tetralogy of Fallot, transposition of the great arteries, and coarctation of the aorta
 - 2-6 months: Ventricular septal defects (VSD), atrioseptal defects (ASD)
 - Any age: Myocarditis, pericarditis, SVT, and heart blocks
- Treatment of congestive heart failure/ pulmonary edema may vary depending on the underlying cause and may include the following with consultation of the Base Hospital:
 - Fentanyl
 - Nitroglycerin

