**Management of Respiratory Emergencies Flowchart**

- Airway positioning
- Suction as needed
- Oxygen
- Pulse oximetry
- ECG monitor (as indicated)
- BLS as indicated

### Upper Airway Obstruction

**Specific Management for Selected Conditions**

<table>
<thead>
<tr>
<th>Croup</th>
<th>Anaphylaxis</th>
<th>Aspiration Foreign Body</th>
</tr>
</thead>
</table>
| • Nebulized epinephrine  
  • Corticosteroids | • IM epinephrine (or autoinjector)  
  • Albuterol  
  • Antihistamines  
  • Corticosteroids | • Allow position of comfort  
  • Specialty consultation |

### Lower Airway Obstruction

**Specific Management for Selected Conditions**

<table>
<thead>
<tr>
<th>Bronchiolitis</th>
<th>Asthma</th>
</tr>
</thead>
</table>
| • Nasal suctioning  
  • Bronchodilator trial | • Albuterol ± ipratropium  
  • Corticosteroids  
  • Subcutaneous epinephrine  
  • Magnesium sulfate  
  • Terbutaline |

### Lung Tissue Disease

**Specific Management for Selected Conditions**

| Pneumonia/Pneumonitis  
  | Infectious  
  | Chemical  
  | Aspiration | Pulmonary Edema  
  | Cardiogenic or Noncardiogenic (ARDS) |
|-------------------|---------|-------------------|-------------------|
| • Albuterol  
  • Antibiotics (as indicated) | • Consider noninvasive or invasive ventilatory support with PEEP  
  • Consider vasoactive support  
  • Consider diuretic |

### Disordered Control of Breathing

**Specific Management for Selected Conditions**

<table>
<thead>
<tr>
<th>Increased ICP</th>
<th>Poisoning/Overdose</th>
<th>Neuromuscular Disease</th>
</tr>
</thead>
</table>
| • Avoid hypoxemia  
  • Avoid hypercarbia  
  • Avoid hyperthermia | • Antidote (if available)  
  • Contact poison control | • Consider noninvasive or invasive ventilatory support |