

TIP: COUGH, BARK, AND WHEEZE IN KIDS



'Tis the season of the ABCs - Asthma, Bronchiolitis and Croup

Our ED colleagues have shared a GREAT Canadian website for assessment and treatment of paediatric medical conditions:

www.trekk.ca. You don't need to log in – just type and search for great, concise recommendations.

Here are a few highlights from the Trekk website:

TIP: For kids with a moderate ASTHMA exacerbation, consider adding a single dose of oral dexamethasone (0.15-0.6 mg/kg) to their inhaled regimen. This has been shown to significantly decrease respiratory distress within 2-6 hours and decrease admissions to hospital. (Link to a scoring tool for mild-moderate-severe also on the website).

TIP: BRONCHIOLITIS most commonly hits your really young patients - mostly under age two, but especially under 12 months. If you have a child less than 12 months old, with a first episode of wheeze in the winter months, it's likely bronchiolitis and should NOT be treated with Ventolin, Atrovent, inhaled steroids, antibiotics, hypertonic saline or systemic corticosteroids. SUPPORT a to ensure adequate oxygenation and hydration is the main treatments.

TIP: For that youngster with acute onset of barky cough, CROUP is the likely cause. New recommendations state that ALL kids with croup should have a single dose of oral dexamethasone at 0.15-0.6 mg/kg (max 12 mg). Nebulized epinephrine is only required if stridor, moderate-severe increased work of breathing, or agitation. Red flag features: drooling, significant pain, low O2 sat, outside normal age range, not improving with treatment.