PAEDIATRIC LEARNING HUB

A blended learning programme

Concept

- 10 independent modules
- Based on the MSF's Intersectional Paediatric Care: Clinical and Therapeutic Guidelines (2024 edition)

Online self-paced courses

Ready to use face-to-face training packages

TEMBO: online self-paced courses

PAEDIATRIC RESPIRATORY CONDITIONS

TEMBO: online self-paced courses

PAEDIATRIC DAYS AMMAN 2025

How would yo

Choose the correct

Her vit

On auscultation there is good air e
bit pale, no blue lips or fingernails.

Step 1

Evaluate the airway and breathing and identify respiratory distress following the ABCDE emergency approach!

If not breathing: **CALL FOR HELP**

	EVALUATION: AB	MANAGEMENT
Airway (A)	❑ Check **airway for obstructions**	❑ **Open and clear the airway**: • Neutral position for children <1 year • Sniffing position for children >1 year ❑ Carefully **remove any obvious airway obstruction** (e.g., visible foreign body, suction secretion carefully if needed) ❑ Insert **oropharyngeal airway** if necessary (unconscious child with no gag reflex)
Breathing (B)	❑ Check **respiratory rate** (RR) and **oxygen saturation** (SpO_2) ❑ Check for signs of **respiratory distress/failure**: • ↑ respiratory effort - nasal flaring, retractions, head bobbing, grunting • Abnormal RR - too fast or too slow • Inefficient breathing - shallow, irregular or with decreased chest expansion • Decreased air entry on auscultation • Hypoxia - visible cyanosis or SpO_2 <94%	❑ If not breathing begin **bag mask ventilation** with oxygen attached ❑ Administer **high flow oxygen >6 L/min** (use non-rebreathing mask if available), goal SpO_2 of >94% ❑ Identify and **treat any critical condition** linked to breathing (e.g. pneumothorax)

Face-to-face training packages

	○ Crackles/crepitations/rales ○ Grunting
Gasping (pre-terminal sign)	

⚠ Note: **gasping is non-effective** breathing and a pre-terminal sign making bag mask-ventilation necessary.

Ask learners: 4 min
*How can we determine the **respiratory rate**?*

- Let one learner explain, add and correct if necessary
- Next, they will have to **count silently** and individually **for themselves** the respiratory rate from a child
- Show video on *slide 5* and let them practice counting
- Compare results afterwards – RR is around 60/min

Explain learners: 2 min
*There are different respiratory or **breathing patterns**. This is how the physiological breathing pattern looks like:*

- Explain physiological breathing pattern and **draw on flip chart/whiteboard**:

Ask learners: 2 min
*What is **Kussmaul** breathing? When and why does it occur?*

- **Deep, labored breathing**, often associated with severe metabolic acidosis, "respiratory compensation" of a **metabolic acidoses** (reduction of CO_2 in the blood due to increased rate or depth of respiration). **Draw on flip chart/whiteboard**:

Face-to-face training packages

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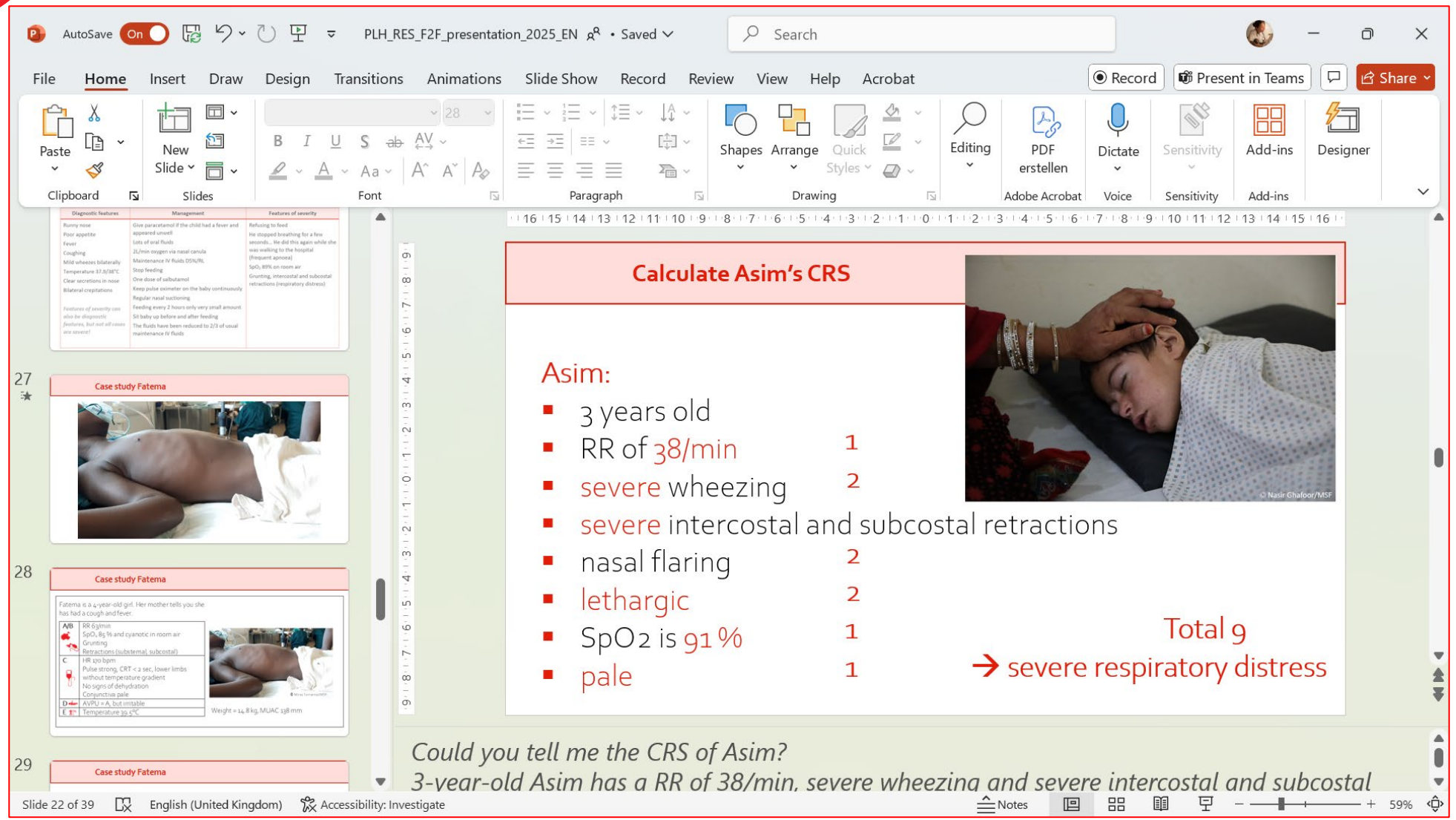


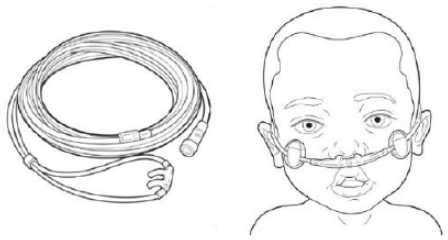
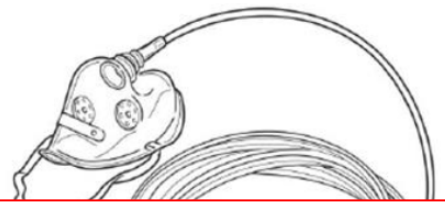
Face-to-face training packages

Resources required

Material	Digital documents/soft copies	Printed documents/hard copies
Laptop	ppt "Respiratory conditions"	Oxygen delivery cards (3 sets)
Projector		Respiratory cases cards (2 sets)
Speaker		Case Ibrahim (1 per learner)
Post-its		Respiratory job aids (2-4 each: 1 of each per table)
Flip chart or whiteboard and markers	Paediatric guidelines: one per table or digital 1 per 1-2 learners (on phone or laptop or tablet…)	

Oxygen delivery cards

- cut along the black lines: you will have 3 pictures and 14 statements
- laminate if possible
- 3 sets needed

	Nasal Cannula.
	Preferred method of delivery.
	Patients with spontaneous breathing. Start with 1 - 2L/min and adjust according to SpO_2.
	Do not exceed 2 L/min in infants and 4 L/min in children for standard flow rates.
	Delivers 24 – 35 % oxygen.
	Simple oxygen mask.
	Used for patients with spontaneous breathing and respiratory distress when the oxygen provided via nasal cannula is not sufficient or

Face-to-face training packages

Session Plan

Respiratory Conditions			
Topic	**Methodology**	**Recourses required**	**Time**
Introduction: only if appropriate ▪ presentation of facilitator and learners ▪ team principles - OPTIONAL -	Interactive group work 	• Laptop and projector • Flip chart/whiteboard and markers	27 min
Objectives	Presentation 	• Laptop and projector OR • Flip chart/whiteboard and markers	3 min
Approach to a child with respiratory complaints			2 hrs 5 min
▪ Respiratory distress	Exercise + ppt 	• Laptop, projector and speakers • ppt "Respiratory conditions"	40 min
▪ A/B from the ABCDE emergency approach	Exercise 	• Post-its • Flip chart/whiteboard and markers	15 min
BREAK			5 min
▪ Clinical Respiratory score (CRS)	Presentation 	• Laptop and projector • ppt "Respiratory conditions"	15 min
▪ Oxygen delivery	Discussion and interactive group work 	• Oxygen delivery cards (x3) • Laptop and projector • ppt "Respiratory conditions" • Flip chart/whiteboard and markers	25 min
▪ Respiratory distress - differentials	Exercise 	• Flip chart/whiteboard and markers • Post-its	25 min
Break 30 minutes or stop here if you deliver the module on 2 days!			
Assessment, treatment and management of specific conditions			2 hrs 10 min
▪ Respiratory cases	Exercise 	• Respiratory cases cards (2 sets) • Laptop and projector • ppt "Respiratory conditions"	30 min
▪ Bronchiolitis			30 min
BREAK			5 min

PAEDIATRIC LEARNING HUB

Expand all

Welcome to the Paediatric Learning Hub

Respiratory Conditions

The Respiratory Conditions module covers key topics including **respiratory assessment, oxygen delivery, differential diagnosis**, and common respiratory conditions such as **pneumonia, bronchiolitis, and asthma.**

Click on the icons to access the content.

Online Self-Paced

You'll be taken to the course page and asked to enrol. No enrolment key or additional information is required.

Face-to-face Package

An MSF email address is required to access the link. This teaching material is intended to be used by an experienced paediatrician or senior doctor with paediatric expertise.

PAEDIATRIC RESPIRATORY CONDITIONS