Upper Respiratory Tract Infection in The Child-

Current Opinion Anaes 2017

Defn of current URTI: rhinorrhoea, sore or scratchy throat, sneezing, nasal congestion, malaise, cough, or fever more than 38.8C

Recent URTI: within 2 weeks

Frequency: in under 4 yr old- up to 8 per yr!

Aetiology: Rhinovirus the most common. RSV accepted as having greater anaesthetic risk

Pathophysiology: Some viral infections release-

- Neuraminidase → inhib M2 receptors and increase Ach release
- Tachykinins
- Neuropetides

Current and recent URTI have risk of
PRAE (Peri-operative respiratory adverse events):-

- Bronchospasm
- Laryngospasm
- Desaturations
- Breath holding

→ 30% risk if URTI as compared to 8% if no URTI

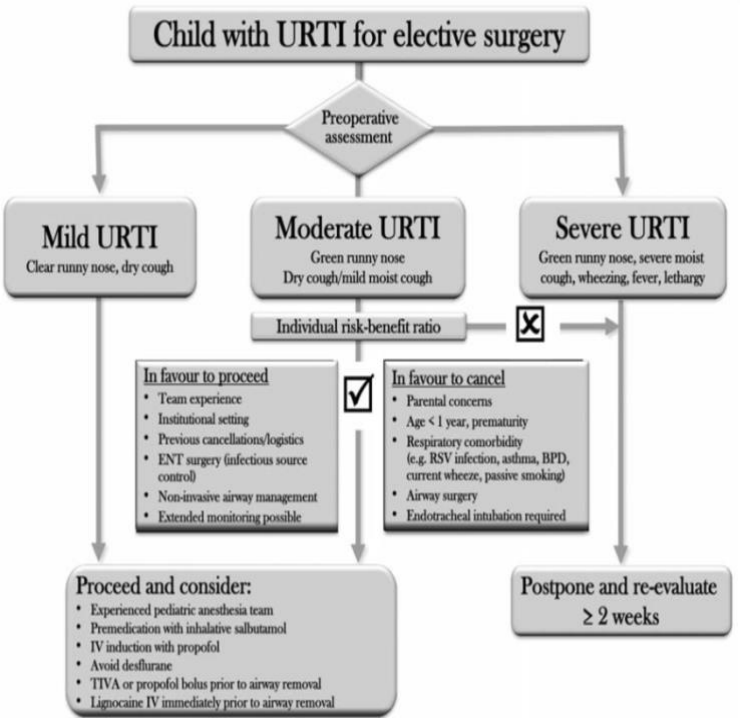
Risk factors for PRAE in URTI child:

Table 1. Risk factors for the occurrence of perioperative respiratory adverse event in children with upper respiratory tract infection

Patient	Copious secretions/presence of sputum nasal congestion
	Paternal smoking/passive smoking
	History of reactive airway disease, younger age
	Prematurity (<37 weeks)
	Parental belief, 'the child has is sick/a cold'
Surgery	Surgery of the airways
	Ear nose throat surgery
	Eye surgery
	Upper abdominal surgery
	Cardiac surgery
Anaesthetic management	Invasive airway (endotracheal intubation)
	Anaesthetic agents (desflurane)
	Experience and competence of the anaesthesiologist in paediatric anaesthesia

Adapted with permission [4–8,12].

Recommended Guideline for Deciding Whether to Proceed/ Delay



Summary of EBM Recommendations for your Anaesthetic Plan

Recommended	Not Recommended
Premed: Alpha agonists	Benzos
IV Lignocaine	Topical ligno to cords
Pre-op salbutamol Neb	
BMV > LMA> uncuffed ETT> cuffed ETT	
Experienced anaesthetist	
Propofol- less laryngo	
Volatiles- bronchodilate	Volatiles for laryngospasm management
Sevoflurane	Desflurane
IV induction- for high risk PRAE patients	

See below for the un-abbreviated table of recommendations (you better ZoOm!)