

Kim, a 5-year-old girl, is admitted to the emergency department (ED) in the early evening hours with a sore throat, pain on swallowing, drooling, and a fever of 39° C (102.2° F). She looks ill; her skin is flushed; she is agitated; and she prefers to sit up, leaning on her arms. According to the child's mother, she has not had anything to eat or drink since this morning. What nursing interventions should the nurse implement in this situation?

Questions

1. Evidence: Is there sufficient evidence to draw any conclusions about Kim's condition at this time?
2. Assumptions: Describe some underlying assumptions about each of the following:
 - a. Epiglottitis in children
 - b. Symptoms of epiglottitis
 - c. Precautions to be taken when a child has suspected epiglottitis
 - d. Immediate nursing interventions when caring for a child with epiglottitis
3. What priorities for nursing care can be drawn at this time?
4. Does the evidence objectively support your argument (conclusion)?

Nasotracheal intubation or on occasion, tracheostomy, is considered for the child with epiglottitis with severe respiratory distress. It is recommended that the intubation or tracheostomy and any invasive procedure, such as starting an intravenous (IV) infusion, be performed in an area where emergency airway maintenance can be easily and quickly accomplished. Humidified oxygen is administered as necessary either via mask in older