Nursing Alert

Three clinical observations that are predictive of epiglottitis are absence of spontaneous cough, presence of drooling, and agitation.

The child is irritable, extremely restless, and has an anxious, apprehensive, and frightened expression. The voice is thick and muffled, with a froglike croaking sound on inspiration, but the child is not hoarse. Suprasternal and substernal retractions may be evident. The child seldom struggles to breathe, and slow, quiet breathing provides better air exchange. The sallow color of mild hypoxia may progress to frank cyanosis if treatment is delayed. The throat is red and inflamed, and a distinctive large, cherry red, edematous epiglottis is visible on careful throat inspection.

Nursing Alert

Throat inspection should be attempted only by experienced personnel when equipment is available to proceed with immediate intubation or tracheostomy.

Therapeutic Management

The course of epiglottitis may be fulminant, with respiratory obstruction appearing suddenly. Progressive obstruction leads to hypoxia, hypercapnia, and acidosis followed by decreased muscle tone; reduced level of consciousness; and, when obstruction becomes more or less complete, a rather sudden death.

The child who is suspected of having epiglottitis should be examined in a setting where emergency airway equipment is readily available. Examination of the throat with a tongue depressor is contraindicated until experienced personnel and equipment are available to proceed with immediate intubation or tracheostomy in the event that the examination precipitates further or complete obstruction (see Critical Thinking Case Study box). A lateral neck radiograph of the soft tissues is indicated for diagnosis.

Critical Thinking Case Study

Croup Syndrome