

Epiglottitis & Croup

Approach the patient in a calm reassuring fashion. Allow the child to adopt a position of comfort. Transport in parents lap if possible. ①

- Maintain Airway ②
- Provide Oxygen prn ③

Consider IV / IO site ④

- Racemic epinephrine 0.5 ml of 2.25% solution diluted in 3 mL of NS
- Decadron 0.6 mg/kg IV or PO. Maximum dose is 10 mg. ⑤

Respiratory arrest

Yes

- Open & Maintain Airway
- Oxygen 100% bag-valve-mask
- Preoxygenate
- Intubate ⑥

Intubation successful

No

Able to ventilate

No

See Cricothyroidotomy Protocol

No

Yes

Yes

- Transport ASAP
- Monitor closely
- If IV present consider Rocephin 75 mg/kg IV. Maximum of 2 grams. ⑦

Epiglottitis:

- * Age – usually > 2 years
- * Onset is rapid
- * Xray : Lateral neck – look for thumb sign
- * Signs & Symptoms: Fever, drooling, head and neck in sniffing position, air hunger, nasal flaring, dysphagia, muffled stridor, toxic appearance, sore throat

Croup:

- * Age: 6 months to 3 years
- * Onset: Gradual
- * Xray: anterior posterior view of chest and neck shows steeple sign
- * Signs & Symptoms: Barky cough (seal like) retractions, inspiratory stridor, low-grade fever, worse at night, often preceded by an upper respiratory infection

1. Avoid startling the patient. Anxiety will exacerbate the condition.
2. Do not attempt to visualize airway. Discuss possibility of need to intubate prior to transport.
3. Provide humidified oxygen if possible. Give blow-by oxygen. Pediatric patients rarely tolerate a mask.
4. If IV not present, discuss the risks, benefits of starting an IV with receiving MD. Consider using IO if emergent need arises
5. Parenteral **Decadron** may be given po (it has a bitter taste).
6. Consider needing ETT 0.5 mm smaller than normal for age.
7. Discuss use of antibiotics with receiving MD.