COMMON CRISES IN PAEDIATRIC ANAESTHESIA

ACUTE EPIGLOTTITIS

Acute bacterial infection of the epiglottis in children 2-6 years of age. Pathogens may be Hemophilus Influenzae type B (75%) or B Hemolytic Streptococci. The child may present with acute stridor, sepsis and dehydration.

Management:

Preparation:

1. Avoid doing anything which may precipitate complete airway obstruction. Do not irritate the child by doing throat examination, IV cannulation, forcefully applying a face mask or monitoring, or separation from the parent.
2. Bring the child to OT to secure the airway, unless complete airway obstruction occurs in CE or ICU when immediate intubation is required.
3. Inform OT to prepare “E” tracheostomy set.
4. Prepare for difficult airway management with ENT surgeon present and scrubbed up in OT.
5. Prepare ETT 1-2 sizes smaller than calculated size

Conduct of Anaesthesia:

1. Gas induction with mask CPAP in the presence of parent.
2. Establish i.v. access and apply monitors after induction.
3. Intubate patient orally under deep inhalational anaesthesia.
4. Do blood cultures and take bacterial swab from the epiglottis
5. Give antibiotics as requested by ICU paediatricians, usually Ceftriaxone.

Post anaesthesia:

1. Sedation and spontaneous respiration with CPAP in ICU
2. Extubate when there is audible leak from ETT, usually within 36-72 hours.

References:

1. Olutoye, O. A. and Watcha, M. F. (2012) Eyes, Ears, Nose, and Throat Surgery, in Gregory's Pediatric Anesthesia, Fifth Edition (eds G. A. Gregory and D. B. Andropoulos).
2. In: Motoyama EK, Davis PJ, editors. Smith's Anaesthesia for Infants and Children. 7th ed. Philadelphia: Mosby Elsevier; 2006.
3. Sumner E, Hatch DJ. Paediatric Anaesthesia. 2nd Edition, 1999, Edward Arnold Ltd.