

# PEDIATRIC EPIGLOTTITIS

HPI	Signs & Symptoms	Differential Diagnosis
<ul style="list-style-type: none"> <li>• Toddler</li> <li>• Possibility of foreign body</li> <li>• Medical history</li> <li>• Fever, respiratory</li> <li>• Other sick siblings</li> </ul>	<ul style="list-style-type: none"> <li>• High fever</li> <li>• Drooling</li> <li>• No cough</li> <li>• Stridor</li> </ul>	<ul style="list-style-type: none"> <li>• Asthma</li> <li>• Aspiration</li> <li>• Foreign body</li> <li>• Infection</li> <li>• Pneumonia</li> </ul>

	EMR	EMT	PM
1. Provide <a href="#">Pediatric Routine Medical Care</a> - treat life threatening problems with airway, breathing circulation and disability.	•	•	•
2. Keep patient calm - DO NOT AGITATE	•	•	•
3. Provide emotional support and allow position of comfort	•	•	•

**UNSTABLE:** Resting stridor, respiratory distress

4. Administer humidified <b>OXYGEN</b> by placing 6 mL <b>NORMAL SALINE</b> in nebulizer, deliver by mask or blow by	•	•	•
5. <a href="#">NEBULIZED EPINEPHRINE</a> 1mg/mL: 0.5 mg/kg NEB, may repeat, max total dose 5 mg (5 mL)			•
6. If patient continues to deteriorate, ventilate with BVM on 100% <b>OXYGEN</b> with airway adjuncts, 1 breath every 2-3 sec.	•	•	•
7. Consider <a href="#">Pediatric Drug Assisted Advanced Airway</a>			•

**PEARLS:**

1. Impending respiratory failure is indicated by change in mental status such as fatigue and listlessness, pallor, dusky appearance, decreased retractions, decreased breath sounds with decreasing stridor

**PEDIATRIC DOSING CHART:**

	3kg	4kg	5kg	6kg	7kg	8kg	9kg	≥ 10kg	
				dose	vol.	dose	vol.	dose	vol.
1:1 Epinephrine	Contact			3mg	3mL	4mg	4mL	5mg	5mL
Normal Saline	OLMC			2mL		1mL		0mL	