

Examination and management of epiglottitis prior to RSI

Management

Place child in quiet area in resus, fully monitored.

Call ENT and anaesthetics

Do not cause increased anxiety i.e. IV cannulation

Severe stridor – nebulized adrenaline

Secure airway before considering other examination – this is best done in an operating theatre with ENT and paediatric anaesthetist by gas induction

Examination

X-ray

In classic epiglottitis, a lateral soft tissue radiograph of the neck reveals a swollen epiglottis (ie, thumbprint sign), thickened aryepiglottic folds, obliteration of the vallecula, and dilation of the hypopharynx.



Fiberoptic laryngoscopy

Laryngoscopy can help exclude other diagnoses in an older child who is cooperative. However, do not perform a laryngoscopy if the procedure might increase anxiety, which can exacerbate the airway obstruction.

The nares can be anesthetized with lidocaine jelly before inserting the fiberoptic laryngoscope. Insert the laryngoscope through the nares, advancing it slowly into the supraglottic region. The epiglottis should be easily visualized to determine the presence of swelling.

