Epiglottitis Assessment

Epiglottitis is a supraglottic inflammation and obstruction of the airway due to infection with Haemophilus influenzae. The Hib vaccine prevents disease from this organism and should be given to infants in three to four divided doses starting at the age of two months. Signs and symptoms of epiglottitis include inspiratory stridor, restlessness, cough, dyspnea, fever, and drooling. It is important to note that the throat should not be examined if epiglottitis is suspected, as this could cause spasm and complete closure of the airway. Assessment of the throat should only be done when immediate endotracheal intubation is possible. Epiglottitis requires emergency treatment.



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Cause/Mechanism

Haemophilus Influenzae
Heme-man In-flute
Haemophilus influenzae, usually type b, is the bacterial organism responsible for epiglottitis. The Hib vaccine prevents disease from this organism and should be given to infants in three to four divided doses starting at the age of two months.

Assessment

Drooling
Drooling
Patients may exhibit drooling due to difficulty swallowing (dysphagia) secondary to supraglottic inflammation and building obstruction.

Fever
Fever-beaver
Because epiglottitis is caused by Haemophilus influenzae, the patient's body will respond to the infection with an elevated temperature, as part of the immune response. Characteristically, fevers associated with this condition are often high.

Stridor
Spider
Stridor, an abnormal, high-pitched breath sound, may be heard on inspiration. Stridor typically indicates extreme compromise of the airway and should be treated as an emergency.

Restlessness
Restless-wrestler
Respiratory distress can lead to restlessness due to apprehension of obtaining a full breath, building carbon dioxide in the serum (hypercapnia) and the sensation of throat tightening.

Dyspnea
Disc-P-lungs
Difficulty breathing, or dyspnea, is commonly seen in patients with epiglottitis, due to inflammation and obstruction of the airway.

Cough
Coughing-coffee
The patient with epiglottitis may cough as a reflex to superior throat irritation or the drainage into the bronchial airway. The presence of a cough does not explicitly indicate epiglottitis vs other pharyngeal or upper airway disease processes but is a result of pathology in the location of the epiglottis.

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Tripod Position

Tripod

Patients who are in respiratory distress may assume the tripod position in an effort to optimize breathing. In this position, the patient will lean forward with the chin extended and mouth open with tongue protruding.

Considerations

Emergency Treatment

Emergency-lights

Epiglottitis is an emergency for pediatric patients, and possibly for adult patients with increasingly compromised airway secondary to the disease process. The presence of an advanced airway capability should be readily available should comprehensive airway obstruction occur.

Do Not Examine Throat

No-sign Tongue Depressor

If epiglottitis is suspected, do not attempt visual inspection of the pharynx unless immediate intubation is possible. Attempting visual inspection with or without scope capabilities increases the risk of comprehensive airway closure secondary to either obstruction or spasm of the airway.

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