

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.



PLAY PICMONIC

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 saliva, related to supraglottic inflammation and 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

Inadequate oxygenation related to respiratory distress can cause a patient to become restless.

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 in an attempt to clear their throat. The feeling of having something stuck in the throat is due to inflammation and will not be relieved with coughing. Spontaneous coughing is absent in these patients.

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

Emergency treatment is necessary to treat the infection, and to reduce swelling of the airway.

Do Not Examine Throat

No-sign Tongue Depressor

If epiglottitis is suspected, the throat should not be examined, as this could cause spasms, and complete closure of the airway. Assessment of the throat should only be done when immediate endotracheal intubation is possible.