

Epiglottitis Interventions

Epiglottitis is supraglottic inflammation/obstruction of the airway due to infection with *Haemophilus influenzae*. 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 medical treatment.



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Interventions

Maintain Airway

Maintaining open-Airway

The number one priority for patients with epiglottitis is to maintain a patent airway.

Upright/Sitting Position

Sitting Upright in Chair

Patients should be positioned in an upright or sitting position to ease the work of breathing and to ensure that the airway is not compromised any further.

Humidified Oxygen

Wet O2-tank

Humidified oxygen can be administered to patients to decrease restlessness and agitation due to inadequate oxygenation.

Intubation/Tracheostomy Supplies At Bedside

In-tube at Bedside

Intubation and tracheostomy supplies should be available at the bedside in case an artificial airway needs to be established immediately.

IV Antibiotics

IV ABX-guy

Intravenous antibiotics will be given to treat those cases where bacterial infection is suspected. Typically, inflammation of the airway begins to decrease after 24 hours of drug therapy.

Decrease Anxiety

Down-arrow Anxiety-bag

Measures should be taken to decrease the patient's anxiety, as anxiety may worsen existing respiratory distress.

Considerations

NPO

NPO-zipper-mouth

Patients with epiglottitis should receive nothing by mouth (NPO) until the condition is resolved, and the airway is no longer compromised.

Vaccine

Syringe

The Hib vaccine is available to protect against *Haemophilus influenzae* type b, and should be given to infants in three to four divided doses starting at the age of two months.

Restrain to Prevent Extubation

[Restraints on Prevention-wall with X-tube](#)

If an artificial airway is indicated, restraints may be applied to the patient's wrists to prevent unintended extubation.