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. Surgical tracheostomy is typically performed in the OR but can be done at bedside in an emergency situation. Further, during emergency response, surgical or jet insufflation needle cricothyroidotomy in the field can be performed by qualified first responders.

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.

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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.

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