

## RESPIRATORY EMERGENCIES

Revised 3/1/2000

### r-2 CROUP/EPIGLOTTITIS

#### **PRIORITIES:**

- ABCs
- Determine degree of physiologic distress
  - Respiratory rate >20, use of accessory muscles, cyanosis, inadequate ventilation, depressed level of consciousness
- Maintain airway, provide oxygen and ventilatory support;
- Determine which causes best fit patient signs and symptoms, initiate treatment;
- Early transport after an EMS transporting unit arrives.

*The presence of upper respiratory infection or croupy cough, sore throat, fever, stridor or drooling.*

1. Offer reassurance; if patient is a child, allow parent to hold child if the presence of the parent has a calming effect on the child;
2. OXYGEN THERAPY at 10 liters/minute by mask. Allow parent to hold oxygen mask if patient is a child. Humidify oxygen if possible;
3. If patient deteriorates, or becomes completely obstructed, positive pressure ventilation via bag-mask should be attempted.
4. Assist advanced life support personnel with patient packaging and movement to ambulance.
5. Consider:
  - Do not put anything into a child's mouth under any circumstance if epiglottitis is suspected. Such stimulation may cause laryngospasm and/or increased airway obstruction;
  - Position the child upright;
  - Minimize stimulation.