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| | **Department Name**<br>**Address** | **ILS** | **EMT/Intermediate** |
| | | **Revision #** | |
| | | **Implementation Date** | |
| **Protocol** | **3.2.4 Croup and Epiglottitis** | **Last Reviewed/Update Date** | |
| **Author / Owner** | | **Medical Director** | |

Croup and epiglottitis are upper airway obstructions. Patient care should be focused on adequate oxygenation and ventilation during transport. Respiratory emergencies are life threatening in the pediatric population; it is critical to be alert for early signs of decompensation. Avoid agitating the child with suspected epiglottitis.

1. Baseline care standards.

2. Place patient in position of comfort (upright in parent's lap if possible).

3. Administer high flow oxygen by mask or blow-by and monitor $O_2$ sats (may use humidified oxygen if available).

4. Focused History and assessment.
   Differential Diagnosis:
   - Croup:
     - Viral infection usually in children 6 months to 4 years of age.
     - Mild fever - some hoarseness.
     - Barking "seal bark" cough.
     - Condition worsens at night.
     - Nasal flaring, tracheal tugging and intercostal retractions possible.
     - Restlessness.
     - Pale skin and cyanosis is possible.

   - Epiglottitis:
     - Bacterial infection usually in children 4 years of age and older.
     - Sudden onset of high fever.
     - Painful swallowing (child may be drooling due to difficult swallowing).
     - Child may sit in tripod position in attempt to open airway.
     - Nasal flaring, tracheal tugging, intercostal retractions, and stridor possible.
     - Child may appear to look very ill.

5. Should the patient deteriorate, be prepared to assist ventilations with BVM.

6. **Do not attempt to visualize internal airway in responsive patient.**

7. **Establish IV Normal Saline TKO only in unresponsive patient.**

8. Call for ALS intercept and transport.

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*Medical Director's Signature* *Date*