Clinical Practice Guidelines: Respiratory/Epiglottitis

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Date	April, 2016
Purpose	To ensure consistent management of patients with epiglottitis.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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Epiglottitis

April, 2016

Epiglottitis, or supraglottitis, is an inflammation of the lining of the cartilaginous tissue that protects the airway during swallowing.

Infection of this structure is predominantly caused by the bacteria Haemophilus influenzae. It can also be caused by other bacteria or viruses causing respiratory illnesses and non-infection aetiologies.[1]

Epiglottitis is a medical emergency. The throat should not be examined due to the risk of complete airway obstruction.

Epiglottitis is now very uncommon due to the routine Hib immunisation given in childhood. It used to be most prevalent in paediatric patients aged 2–6 years, but now is more common in adults due to streptococcus pneumoniae and viral pathogens, or children who are not vaccinated.[1]

Clinical features

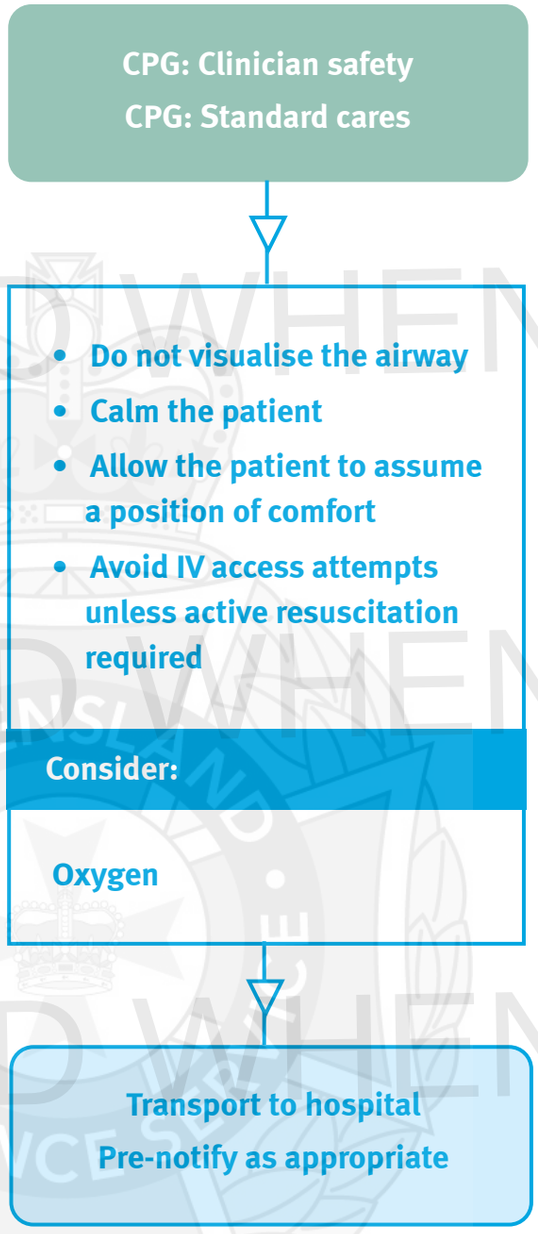
- High fever
- Sore throat/difficulty swallowing
- Stridor/respiratory distress
- Drooling
- Hoarse voice

Risk assessment

- Any unnecessary disturbance of patient including attempts to lie the patient down, examination of the throat or insertion of an IV cannula can precipitate total airway obstruction.[2]

Additional information

- Endotracheal tube intubation will be extremely difficult due to intense swelling and inflammation of the epiglottis.
- In severe cases, complete airway obstruction can rapidly develop within 3–6 hours.[2]
- Consider alternate causes:
  - Inhaled foreign body
  - Croup
  - Bacterial tracheitis



Note: *Clinicians are only to perform procedures for which they have received specific training and authorisation by the QAS.*