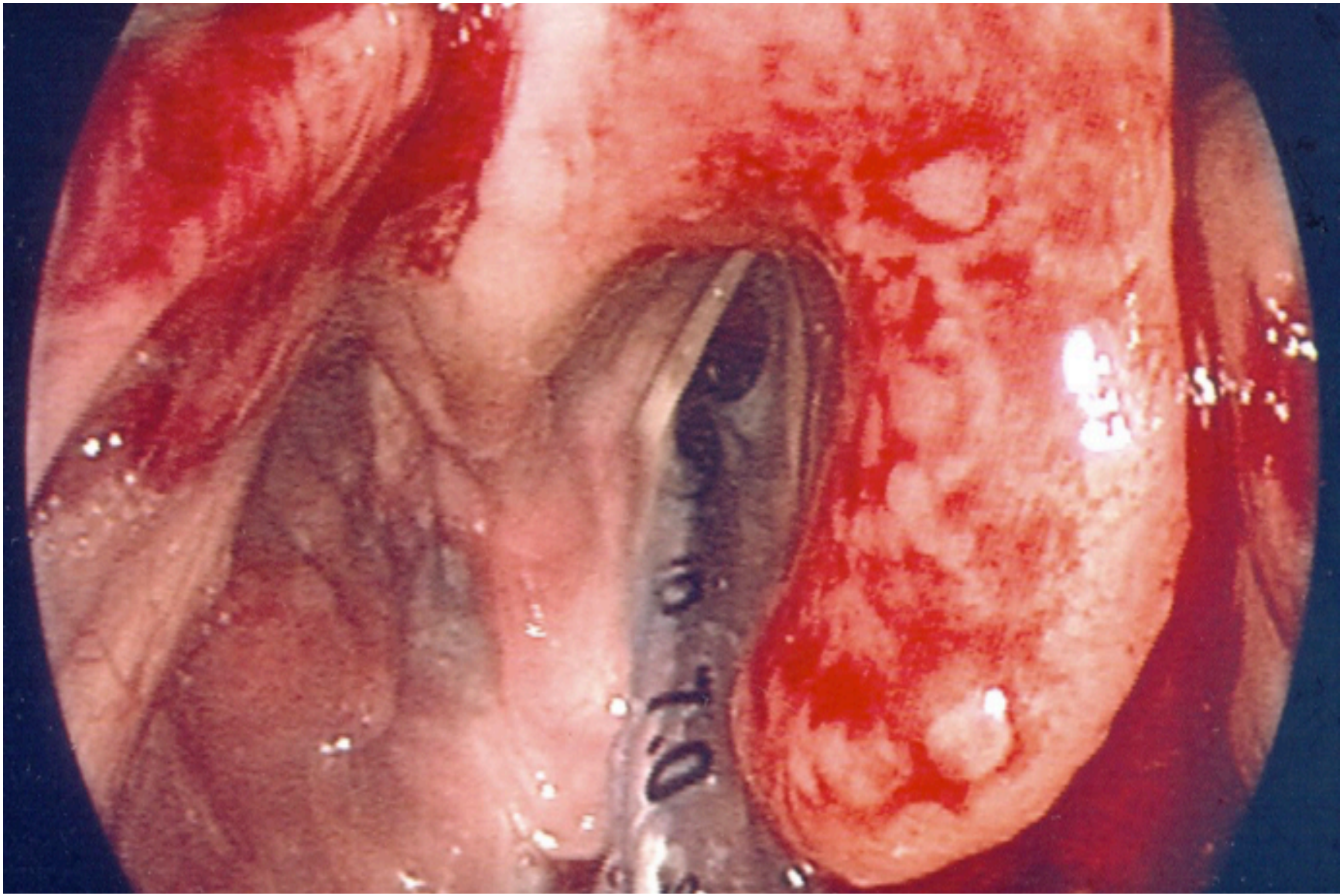
Epiglottitis

- Aka: Supraglottitis
- Most feared infectious airway emergency in children and adults
- Result of Haemophilus influenzae type B
- Extremely rapid progression
- Patients usually between 2-7 y/o
- Vaccination against Haemophilus influenzae type-B polysaccharide recommended before age of 2 to provide immunity protection

Epiglottitis Signs/Symptoms

- Sudden onset of fever
- Dysphagia
- Drooling
- Thick muffled voice
- Preferred sitting position with head extended and leaning forward
- Retractions, labored breathing, cyanosis



Anesthetic Plan

- Proceed directly from the ER to the operating suite accompanied by both the surgeon and anesthesiologist.
- Inhalational induction while sitting up
- Rapid IV access after loss of consciousness and gentle supine positioning
- OR must be prepared with laryngoscopy, rigid bronchoscopy, and tracheostomy equipment
- Laryngoscopy and ETT placement without muscle relaxant
- ETT should be at least one size (0.5 mm) smaller than normally chosen and also the tube styletted
- Extubation attempted 48 - 72 hrs later in the OR after confirmation of decreased airway swelling