Stridor / Croup / Epiglottitis (Pediatric)

CFR AND ALL PROVIDER LEVELS

1. Administer oxygen.
   a. Administer high concentration blow-by oxygen (humidified if available) delivered by tubing or face mask held about 3-5 inches from face (as tolerated)
2. Assess for foreign body airway obstruction.
   a. Refer immediately to the Obstructed Airway (Pediatric) protocol, if indicated.
3. Assess for anaphylaxis.
   a. Refer immediately to the Anaphylaxis (Pediatric) protocol, if indicated.
4. Ongoing assessment of the effectiveness of breathing.
   a. Refer to the Respiratory Distress / Failure / Arrest (Pediatric) protocol, if necessary.

CFR STOP

EMT

5. If the child is unconscious request ALS assistance.
6. Transport.

EMT STOP

Paramedic

7. **DO NOT** attempt advanced airway management.
   a. Use bag-valve-mask ventilation.

Paramedic STOP

Key Points / Considerations

1. Croup should be suspected in a child with stridor, retractions, barking cough, normal or slightly elevated temperature, sternal retractions, and/or a history of upper respiratory infection.
2. Epiglottitis should be suspected in a child with stridor, retractions, muffled voice, high fever, tripod position and/or drooling.
3. Avoid agitating the child, particularly if there is concern for upper airway edema.
4. If the patient has stridor (inspiratory), it is often an upper airway problem (physiologic or mechanical obstruction).
5. A vaccination history should be obtained because unvaccinated children are at higher risk of epiglottitis.