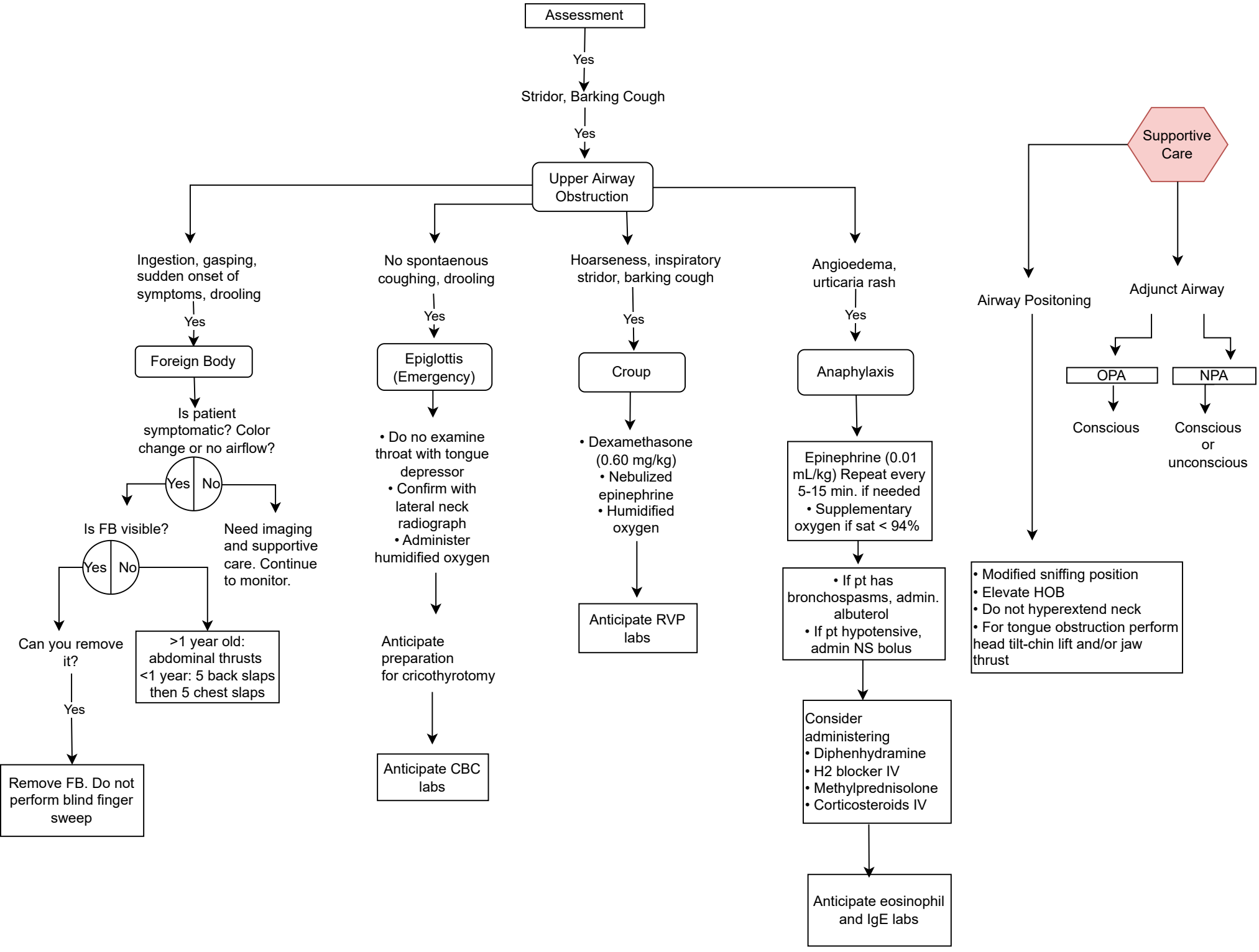
Assessment
Yes
Stridor, Barking Cough
Yes
Upper Airway Obstruction
Supportive Care
Ingestion, gasping, sudden onset of symptoms, drooling
Yes
Foreign Body
Is patient symptomatic? Color change or no airflow?
Yes
No
Is FB visible?
Yes
No
Can you remove it?
Yes
Remove FB. Do not perform blind finger sweep
>1 year old: abdominal thrusts
<1 year: 5 back slaps then 5 chest slaps
Need imaging and supportive care. Continue to monitor.
No spontaenous coughing, drooling
Yes
Epiglottis (Emergency)
• Do no examine throat with tongue depressor
• Confirm with lateral neck radiograph
• Administer humidified oxygen
Anticipate preparation for cricothyrotomy
Anticipate CBC labs
Hoarseness, inspiratory stridor, barking cough
Yes
Croup
• Dexamethasone (0.60 mg/kg)
• Nebulized epinephrine
• Humidified oxygen
Anticipate RVP labs
Angioedema, urticaria rash
Yes
Anaphylaxis
Epinephrine (0.01 mL/kg) Repeat every 5-15 min. if needed
• Supplementary oxygen if sat < 94%
• If pt has bronchospasms, admin. albuterol
• If pt hypotensive, admin NS bolus
Consider administering
• Diphenhydramine
• H2 blocker IV
• Methylprednisolone
• Corticosteroids IV
Anticipate eosinophil and IgE labs
Airway Positoning
• Modified sniffing position
• Elevate HOB
• Do not hyperextend neck
• For tongue obstruction perform head tilt-chin lift and/or jaw thrust
Adjunct Airway
OPA
Conscious
NPA
Conscious or unconscious