

Subject: Treatment Guidelines – ALS
Croup/Epiglottitis

Associated Policies:

- I. Priorities
 - A. ABC's.
 - B. Determine degree of physiologic distress: respiratory rate > 20, use of accessory muscles, cyanosis, inadequate ventilation, depressed level of consciousness.
 - C. Maintain airway, provide oxygen and ventilatory support.
 - D. Determine which causes best fit patient signs and symptoms, initiate treatment.
 - E. Rapid transport, if unconscious or conscious with progressive symptoms.
- II. Croup:

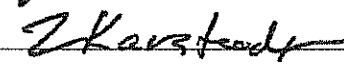
The presence of upper respiratory infection or "seal-bark"-like cough, possible fevers, and hoarseness. Usually worse at night.

 - A. Identify signs of severe respiratory insufficiency – nasal flaring, intercostal retractions, and cyanosis are all late signs.
 - B. Oxygen therapy - high flow. Allow parent to give oxygen, if patient is a child.
 - C. Pulse oximetry.
 - D. Cardiac monitor.
 - E. If symptoms are severe, consider Nebulized 5cc Epinephrine 1:1,000 via SVN without dilution. Do not repeat within 60 minutes.
 - F. If patient deteriorates, or becomes completely obstructed, positive pressure ventilation via bag valve mask.
- III. Epiglottitis:

Epiglottic inflammation occurs quickly and usually presents with high fever, stridor, sore throat, and drooling. Usually does not present with a cough.

 - A. Identify signs of severe respiratory insufficiency.
 - B. Administer high flow oxygen if the patient will tolerate it without adding any additional stress.
 - C. Pulse Oximetry
 - D. Cardiac monitor.
 - E. Always transport in position of comfort.
 - F. If safe to do so, delay IV access.
 - G. Watch for signs of decreasing mental status and signs of decreasing respiratory drive.
 - H. If respiratory arrest occurs use gentle ventilations via bag valve mask and 100% oxygen.
 - I. Contact Base hospital early.

Approved:  _____ Date: 12/8/20

Approved as to Form:  _____ Date: 12/8/20