Stridor is a high pitched "crowing" sounds caused by restriction of the upper airway. In addition to FBAO, stridor can be caused by croup and epiglottitis.

**Croup** (laryngotracheobronchitis) is a viral infection of the upper airway, which causes edema/ inflammation below the larynx and glottis with a resultant narrowing of the lumen of the airway.

Croup most often occurs in children 6 months to 4 years of age.

The child with croup will have stridor, as well as, a distinctive barking cough and cold symptoms (low-grade fever (100-101 degrees F), with a gradual onset of respiratory distress.

**Epiglottitis** is an acute infection and inflammation of the epiglottis that potentially is life-threatening.

Since the availability of Hemophilus influenza, type B (Hib) vaccine, epiglottitis has markedly decreased, yet it may still occur from other bacterial pathogens.

Epiglottitis usually occurs in children 4 years of age and older.

The child with epiglottitis will present with stridor, as well as, acute respiratory distress, sore throat, pain upon swallowing which causes the distinctive drooling, high grade fever (102-104 degrees F), and may assume the classic tripod position.

**Supportive Care**

1. Medical Supportive Care Protocol, including pulse oximeter (avoid IVs in these patients) (a).

2. Avoid agitating the child with suspected epiglottitis. Never examine the epiglottis (a).

3. Administer humidified oxygen. If humidified oxygen is unavailable, use
nebulized saline (do not force oxygen mask on pediatric patient - use blow-by technique if necessary) (a).

ALS Level 1

None

ALS Level 2  *(Physician Authorization Required)*

None

Note

(a) Avoid any procedure that will agitate patient.