

## **Emergency Management of the child with stridor**

- **Your airway is compromised, but FUNCTIONING.**
- **Don't destabilize it.**
- **Don't upset the child.**
- **Get the parents involved.**

### **Partial obstruction by secretions, or decreased level of consciousness**

- **Suction**
- **Chin lift / jaw thrust**
- **Intubate as needed**

### **Croup**

- This is usually viral, 95%
- Parainfluenza virus is the commonest pathogen
- Adenovirus is the next most common
- Peak incidence is in the 2<sup>nd</sup> year of life
- **Typical features:**
  - Hoarse barking cough
  - Harsh stridor
  - Hoarseness
  - Fever
  - Symptoms worse at night
- Some children get SPASMODIC CROUP which is associated with ATOPY and ASTHMA
  - This variety may not have fever or coryza
  - The treatment for it is the same

### **IMMEDIATE MANAGEMENT**

- **Nebulize adrenaline, 5 ml of 1:1000 (high concentration)**
- **Neb it in oxygen**
- **Expect 30-60 minutes of relief while you get a team together**

### **STEROIDS: improvement within 30 minutes!**

- **Dexamethasone IV or oral : 0.15mg/kg**
- **Budesonide nebulized**

### **INTUBATE IF YOU NEED TO**

- Median duration of ventilation is 3 days
- The younger the child, the longer they stay intubated
- Much smaller tube is required
- Prednisolone 1mg/kg every 12 hrs reduces the duration of intubation