This document was created by Alex Yartsev (dr.alex.yartsev@gmail.com); if I have used your data or images and forgot to reference you, please email me.

Bacterial tracheitis

- "pseudomembranous croup"
- Staph aureus, strep, or H.Influenzae
- Copious secretions, and mucosal necrosis
- The child ooks septic, with a croupy cough
- NO DROOLING unlike epiglottitis
- 80% of these kids will need to be intubated
- Fluclox and cefotaxime is called for

Epiglottitis

- The onset will be acute, over 3-6 hrs
- **Unlike croup, cough is minimal or absent**
- The bug is H Influenzae, uncommon in immunized populations
- Most common in 1 – 6 yrs of age
- Typically, the child sits immobile, with their mouth open, chin slightly raised, drooling saliva.
- The child looks pale and septic
- Too painful to swallow or speak
- The epiglottis will be "cherry red"
- DO NOT LAY THEM FLAT or they will die. While conscious, the child will sit upright while they are able.
- You will need a senior anaesthetist to intubate
- There will be a gas induction
- You will need a smaller tube than normal
- **Cefotaxime or ceftriaxone**
- **Most will be extubated in 24-36 hrs**

Foreign body

- Inspiratory and expiratory films will show gas trapping
- They will have been eating or playing with small objects
- "choking child" procedures
- If they fail, direct laryngoscopy and Magills forceps
- Get a senior anesthetist and an ENT surgeon
- Direct bronchoscopic retrieval of the object is called for

Anaphylaxis

- Flushing, itching, facial swelling, urticaria
- Apart from oxygen, INTRAMUSCULAR adrenaline is the key
- You wont be marked down if you give nebulized adrenaline
- You also give **chlorpheniramine and steroids**

Weird stuff

- Diptheria
- Infectious mononucleosis
- Retropharyngeal abscess