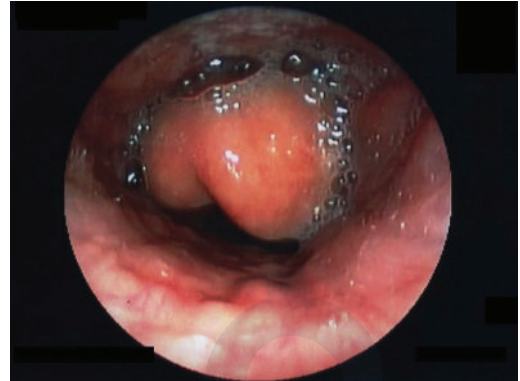


# EPIGLOTTITIS PATHOCHART

## PATHOPHYSIOLOGY

The epiglottis is the flap of cartilage that covers the trachea when swallowing that blocks airflow and prevents food from entering the lungs. When the epiglottis gets infected and swells, it can completely block the airway and become life-threatening. Swelling can occur quickly and requires immediate intervention. The most common cause of epiglottitis is bacterial infection, specifically *Haemophilus influenzae* type b (Hib) and Groups A and C streptococci.



By 藤澤孝志 - Own work, CC BY-SA 3.0,  
<https://commons.wikimedia.org/w/index.php?curid=26772948>

## ASSESSMENT FINDINGS

- Stridor
- Increased respiratory effort (retractions)
- Mouth-breathing or drooling
- Difficulty breathing
- Difficulty speaking / muffled voice
- Pain or difficulty swallowing

## DIAGNOSTICS

- Clinical findings
- Laryngoscopy

## NURSING PRIORITIES

- Ensure adequate oxygenation
- Ensure adequate airway clearance
- Promote effective gas exchange

## THERAPEUTIC MANAGEMENT

- Avoid PO medications (usually IV)
- Advanced airway protection (ETT)
- May require tracheotomy
- Maintain NPO
- Supplemental O<sub>2</sub>
- Emotional support for family

## MEDICATION THERAPY

- Antibiotics
- Corticosteroids
- Antipyretics
- Analgesics