

EXHALE ACADEMY CSE CHEAT SHEET #16

CROUP VS EPIGLOTTITIS

CROUP

Viral upper-airway inflammation. Usually less toxic appearing than epiglottitis.

- Barking cough.
- Inspiratory stridor.
- Low-grade fever may occur.
- Neck x-ray can show steeple sign if needed.
- Treatment: cool mist, racemic epinephrine, corticosteroids as appropriate.

EPIGLOTTITIS

Potentially life-threatening airway obstruction. Do not agitate the child.

- High fever, toxic appearance.
- Drooling and difficulty swallowing.
- Tripod position, muffled voice.
- Severe stridor and anxiety.
- Treatment priority: secure airway with skilled team; antibiotics after airway safety.

GATHER SAFELY

- Observe general appearance, work of breathing, color.
- Do not force throat exam in suspected epiglottitis.
- SpO2 and respiratory status.
- Neck imaging only if stable and safe.
- Prepare airway equipment early.

DECISION RULE

- Mild/moderate croup: mist/epinephrine/steroids depending on severity.
- Severe croup or exhaustion: airway support.
- Epiglottitis: airway first, minimize stimulation.
- Intubate if obstruction is worsening.

EXAM TRAPS

- Do not lay an epiglottitis patient flat.
- Do not shove a tongue blade in the mouth.
- Do not delay airway management for tests when the child is unstable.

EXHALE MEMORY LINE

Croup barks. Epiglottitis drools. If airway is threatened, protect it first.