(EPIGLOTTITIS) NURSING CARE PLAN

Medical Diagnosis: Epiglottitis		
Subjective Data:	Nursing Intervention (ADPIE)	Rationale
 Pain/difficulty swallowing Difficulty breathing Recent/current upper respiratory infection Severe sore throat Anxious/restlessness 	Assess respiratory status	Include rate, depth, and effort. Auscultate for any adventitious lung sounds Respiratory Distress- any obstruction may lead to intubation or tracheostomy Stridor-indicates advancement of the disease and will require emergency airway management
	Position patient sitting up and leaning forward; encourage mouth breathing	This will help with airflow to the lungs and reduces respiratory effort required for breathing
	Assess vital signs for fever, tachypnea, tachycardia	Fever may indicate underlining cause of the condition if related to a bacterial infection
Objective Data: • Difficulty speaking/muffled voice • Mouth-breathing • Fever • Stridor (high-pitched sound when breathing in)	Monitor oxygen saturation and administer humidified oxygen as needed	An oxygen saturation below 90% indicates decreased perfusion and will require supplemental o2. Humidified o2 will help prevent drying out of the mucous membrane and encourage thinning of secretions for easier removal
	Maintain NPO status	Prevent choking/any further airway obstruction
	Initiate IV fluids/medications	Maintain hydration for the patient and also thin and loosen secretions Antibiotics may be required IV steroids for inflammation Antipyretics such as acetaminophen or ibuprofen to reduce fever and relieve pain Oral medications should be avoided due to swallowing and breathing difficulties
	Prepare patient for intubation and/or tracheostomy	Patient may require advanced airway treatment with mechanical ventilation until the swelling subsid
	Provide patient/families/caregivers with education regarding treatment and prevention	HIB is the most common cause of Epiglottitis and can be prevented by routine immunizations

