



## Paediatric upper airway

### Case 1

Charlie is an 18-month old girl who is brought in by her parents at 1am. She is noted to have significant stridor at triage and is placed in a resuscitation cubicle as a “Category 2”

On your initial assessment she has obvious stridor (inspiratory and expiratory), is mildly agitated, and has a “croupy” cough.

**What is your initial management?**

**What further information would you seek on history?**

**She fails to improve after your initial treatment.**

**Outline your next management steps.**

Case 2.

Chaz, a 3 year-old boy presents to the ED with a two day history of progressively worsening swallowing and a fever. He is accompanied by his parents, and his 16 month-old sister.

He is previously well.

On examination, it is clear that he doesn't like you at all....

He is febrile ( 39°C), with a pulse of 130 / minute and a respiratory rate of 24.

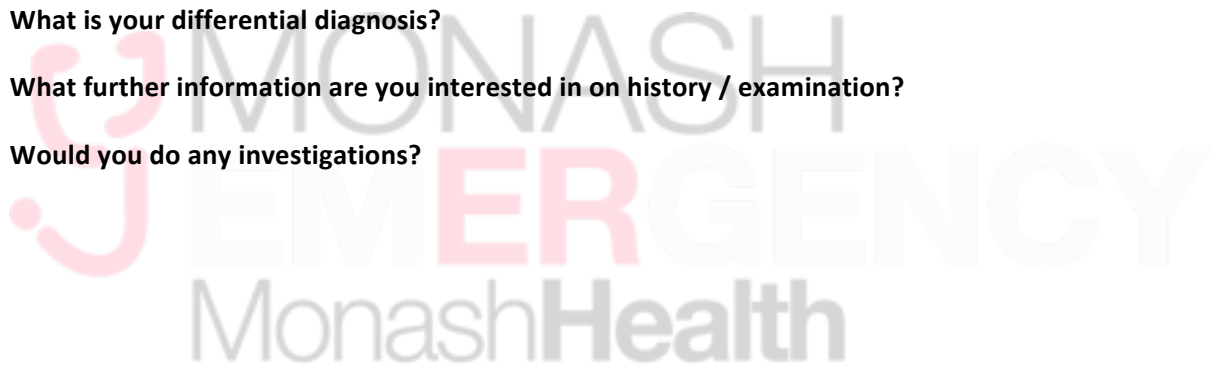
He is reluctant to move his neck, and will not cooperate with opening his mouth.

He has soft stridor, but no evidence of increased work of breathing.

**What is your differential diagnosis?**

**What further information are you interested in on history / examination?**

**Would you do any investigations?**



Neck x-ray



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Describe and interpret his x-ray

What is your management?

### Case 3

While you are looking after Chas, his little sister (Chelsea) is playing with some toys on the floor. You suddenly become more interested in what she is doing when she makes a funny gurgling sound and goes limp.

On your initial assessment, she is conscious, but cyanosed, with soft stridor and obstructed breathing.

Describe your management

After your initial management she is now unresponsive.

What do you do now?



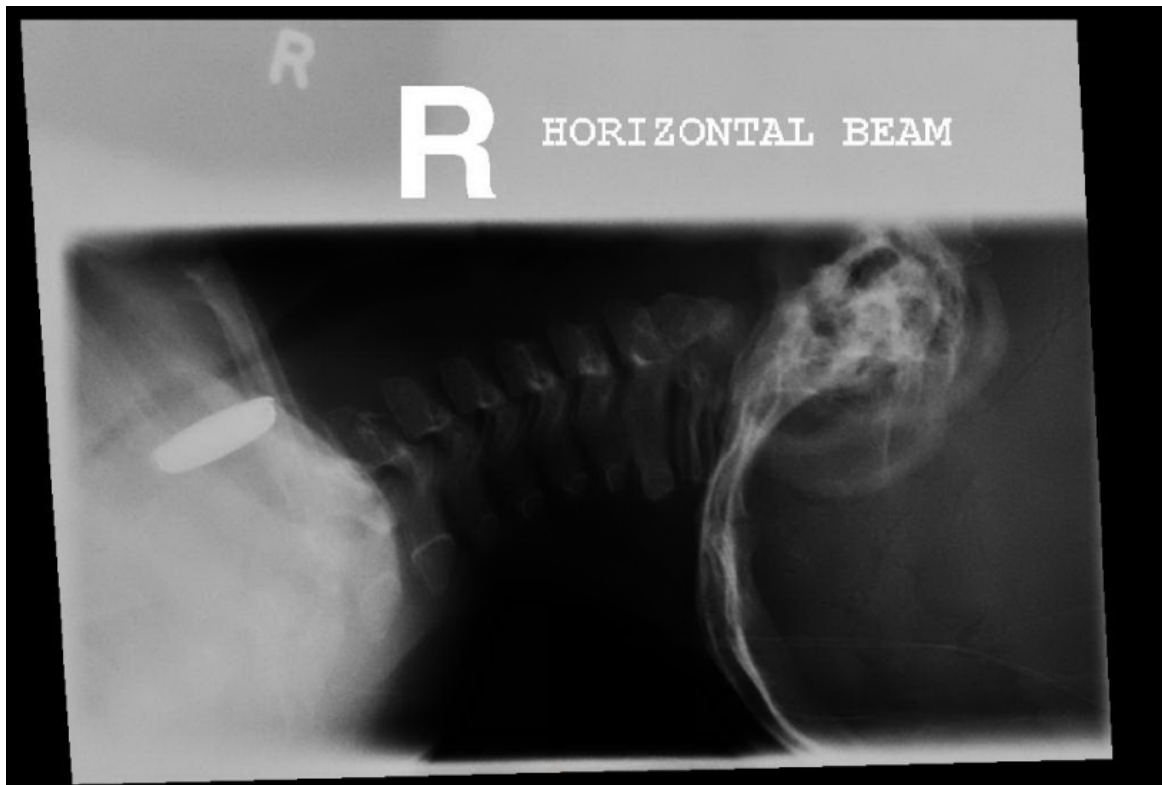
#### Case 4

Chuck, an 18-month-old boy is brought in to the ED after possibly “swallowing a coin”. Further history reveals that he was found “blue and gasping” after playing in the lounge room. He was initially “choking” but this resolved after swallowing the object. Loose button batteries from a remote control and a few coins were found on the floor next to the child.

On examination, he is irritable, but consolable. He does not have stridor, but appears to have some difficulty swallowing his saliva.

You organise an urgent x-ray (Figure 1).





***What is the most likely diagnosis? How can you differentiate an ingested button battery from a coin?***

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***What are the potential complications of this condition?***

***What is the appropriate management?***

***How would management differ if the x-ray showed the object to be below the diaphragm?***