

Causes

Altered consciousness - HI, CVA, Drugs & toxins, metabolic (\downarrow BSL, hypoNa⁺)

Foreign Bodies

Infections - Tonsillitis, quinsy, epiglottitis, tracheitis, croup, Ludwig's angina, retropharyngeal abscess, others

Trauma - Blunt or penetrating \rightarrow haematoma, uncontrolled haemorrhage

Burns - thermal or chemical, gases or liquid/solids

Neoplasms - Larynx, trachea, thyroid, tongue

Allergic reactions - angioedema, anaphylaxis

Reflex - laryngospasm

Anatomical - laryngomalacia, tracheomalacia - congenital or acquired (post-intubation), other congenital malformations (e.g. Pierre-Robin)

Management

Sit upright or allow patient to find best position (protect C-spine if trauma)

Keep patient calm, minimal unnecessary interventions

Most experienced personnel available

Assess airway: patency & protection. Opening manoeuvres + adjuncts. Secure if necessary.

Assess breathing: effort & efficacy. Give O₂ or ?**Heliox** - He<air in density so \uparrow flow.

Investigation - Endoscopy, lateral neck XR, CT (latter 2 only if stable), MRI, fluoroscopy, angiography.

Treatment

- Secure airway if not patent or protected or likely to become deteriorate rapidly and ease of intubation likely to decrease significantly.
- Stridor may be treated with nebulised **adrenaline** or **budesonide**, PO/IM/IV **steroids**
- Treat infections - most likely pathogens are strep spp, staph aureus, *H.influenzae* and anaerobes so **benzylpenicillin** + **metronidazole**, sometimes **ceftriaxone** most often used.
- Treat underlying condition
- Tracheostomy.