

CT Children's CLASP Guideline

Stridor (non-infectious)

INTRODUCTION	<p>Stridor unrelated to respiratory infection in the newborn and infant is common. A few of the typical causes include an anatomic issue such as primary laryngomalacia, trauma from intubation, and reactive swelling from laryngopharyngeal reflux.</p> <p>Symptoms of stridor may include:</p> <ul style="list-style-type: none"> ▪ High pitched/ squeaky noise on inspiration ▪ Inspiratory, expiratory or biphasic (both) noisy breathing ▪ Increased work of breathing ▪ Hoarse voice ▪ Nasal flaring ▪ Neck and chest retractions ▪ Difficulty coordinating breathing and swallowing ▪ Cyanosis 			
INITIAL EVALUATION AND MANAGEMENT	<p>INITIAL EVALUATION to determine if routine vs. urgent referral:</p> <ul style="list-style-type: none"> ▪ Determine if inspiratory, expiratory or biphasic ▪ Is the child just making noise or struggling to breathe with nasal flaring and retractions? ▪ Does the history point to the cause (intubation, growing skin hemangioma)? ▪ Is the child gaining weight? ▪ Are there signs of laryngopharyngeal reflux? (e.g. nasal congestion, difficulty coordinating breathing and feeding, spitting up frequently after feeds and inspiratory stridor due to swelling of the posterior larynx (arytenoids)) ▪ Is the child choking? (r/o aspirated foreign body) ▪ Does the voice or cry sound normal? ▪ X-rays to include airway fluoro and barium swallow (Pediatric radiology preferred) <p>INITIAL MANAGEMENT:</p> <ol style="list-style-type: none"> 1. Reassurance if work of breathing not increased 2. Monitor weight to determine if the work of breathing exceeds the capacity to grow 3. If just making noise without struggling to breathe, less likely to be a serious problem 4. If available and appropriate, pulse oximetry 			
WHEN TO REFER	<p>All persistent stridor should be referred for evaluation:</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 33%;"> <p><u>Routine Referral (within 1 month) to ENT for:</u></p> <ul style="list-style-type: none"> ✓ Stridor without signs of respiratory distress </td> <td style="vertical-align: top; width: 33%;"> <p><u>Semi-Urgent Referral—Call ENT to determine if urgent office visit or ED referral is appropriate—for:</u></p> <ul style="list-style-type: none"> ✓ Increased work of breathing (nasal flaring, retractions) ✓ Biphasic ✓ Not gaining weight </td> <td style="vertical-align: top; width: 33%;"> <p><u>Refer to ED for:</u></p> <ul style="list-style-type: none"> ✓ Cyanosis ✓ Choking ✓ Drop in oximetry below 92% </td> </tr> </table>	<p><u>Routine Referral (within 1 month) to ENT for:</u></p> <ul style="list-style-type: none"> ✓ Stridor without signs of respiratory distress 	<p><u>Semi-Urgent Referral—Call ENT to determine if urgent office visit or ED referral is appropriate—for:</u></p> <ul style="list-style-type: none"> ✓ Increased work of breathing (nasal flaring, retractions) ✓ Biphasic ✓ Not gaining weight 	<p><u>Refer to ED for:</u></p> <ul style="list-style-type: none"> ✓ Cyanosis ✓ Choking ✓ Drop in oximetry below 92%
<p><u>Routine Referral (within 1 month) to ENT for:</u></p> <ul style="list-style-type: none"> ✓ Stridor without signs of respiratory distress 	<p><u>Semi-Urgent Referral—Call ENT to determine if urgent office visit or ED referral is appropriate—for:</u></p> <ul style="list-style-type: none"> ✓ Increased work of breathing (nasal flaring, retractions) ✓ Biphasic ✓ Not gaining weight 	<p><u>Refer to ED for:</u></p> <ul style="list-style-type: none"> ✓ Cyanosis ✓ Choking ✓ Drop in oximetry below 92% 		
HOW TO REFER	<p>Referral to ENT Department via CT Children's One Call Access Center Phone: 833.733.7669 Fax: 833.226.2329</p> <p>Information to be included with the referral:</p> <ul style="list-style-type: none"> ▪ Notes from the initial and follow up visits with the PCP ▪ Complete growth chart ▪ If child is a NICU graduate, notes on history of intubation (tube size, time intubated) ▪ Results of any radiology tests 			
WHAT TO EXPECT	<p>What to expect from CT Children's Visit:</p> <ul style="list-style-type: none"> ▪ History, physical exam ▪ Flexible laryngoscopy exam in office ▪ Radiology study to examine the trachea and swallow function (e.g. airway fluoroscopy with barium swallow) ▪ Possible recommendation for laryngoscopy and bronchoscopy in OR 			