

## Guidelines for the anaesthetic management of a child with upper respiratory tract infection (URTI) having elective surgery

Viral URTI may produce airway hyperactivity which can persist up to 4 weeks. It can result in increased adverse peri-operative respiratory events including laryngospasm, bronchospasm, apnoeas and oxygen desaturation. **TRAINEES SHOULD DISCUSS ANY CHILD WITH AN URTI WITH A CONSULTANT**

CANCEL	WEIGH UP RISK BENEFIT	PROCEED
<p>&lt;1 YEAR</p> <p>PURULENT NASAL DISCHARGE</p> <p>PRODUCTIVE COUGH</p> <p>SIGNS ON CHEST AUSCULTATION</p> <p>FEVER &gt;38</p> <p>PARENT SAYS PATIENT IS 'UNWELL'</p> <p>PATIENT HAS DECREASED APPETITE OR DECREASED 'WET NAPPIES' COMPARED TO BASELINE</p> <p>PATIENT IS PLAYING LESS COMPARED TO BASELINE</p>	<p>AGE 1-6</p> <p>HISTORY OF PREMATUREITY</p> <p>CO-MORBIDITIES</p> <p>AIRWAY SURGERY</p> <p>ASTHMA/ ATOPY</p> <p>SNORING</p> <p>PASSIVE SMOKER</p> <p>IF PRIMARY PLAN IS INTUBATION</p> <p>IS THIS TIME SENSITIVE ELECTIVE SURGERY? E.G RETINOBLASTOMA</p> <p>SOCIAL CIRCUMSTANCES</p>	<p>CLEAR RHINORRHEA</p> <p>DRY COUGH</p> <p>LUNGS CLEAR</p> <p>NO FEVER</p> <p>APPEAR OTHERWISE HEALTHY</p>

### Considerations for Anaesthetic Management in a child with URTI for Elective surgery

- Consider IV induction
- Minimize secretions and limit stimulation of irritable airway
- Suction airway only under deep anaesthesia
- Avoid tracheal intubation if possible
- Avoid desflurane
- Pre-operative salbutamol 2.5mg for <20kg or 5mg if >20kg
- Senior anaesthetist to do case

## References:

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prospective multicentre observational study in 261 hospitals in Europe  
[T.Engelhardt<sup>1</sup>K.Virag<sup>2</sup>F.Veyckemans<sup>3</sup>W.Habre<sup>45</sup>the APRICOT Group of the  
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