Croup

Clinical assessment/management tool for children with Croup

Management – Primary Care and Community Settings

Patient presents

Suspected cough

Barking cough
Stridor
Mild fever
Coryza
Miserable

Complete observation +/- PEWS score

Features of impending airway compromise

Call 999
Stay with the child
Alert local paeds team

Consider differential: FB (acute onset, choking, episode, lack of coryza, fever etc), Epiglottitis and tracheitis (high fever, systemically unwell, unable to swallow saliva). Routine examination of the throat not recommended.

Assessment	Green - Low Risk	Amber - Intermediate Risk	Red – high risk
Behaviour	• Alert	• Alert	• Disorientated or drowsy
Sats	• >94% Pink	• >94% Pink	• <94% pale or cyanosed
Respiratory	• Stridor only when upset • No recession • Normal air entry	• Stridor at rest • Some recession • Decreased air entry	• Biphasic stridor* (May be quiet if life threatening) • Severe recession • Severely decreased air entry • Leaning forward to breathe (Tripod breathing)

Green Action

Reassure
Consider analgesia
Dexamethasone 0.15mg/kg
PO Home with clear guidance and provide them with patient advice sheet.

Amber Action

Keep child and family calm
Consider analgesia
Dexamethasone 0.15mg/kg PO if available* Place in Waiting Room and review in 30 minutes* *
If not possible - please refer to emergency care

Improved?

Yes

No

Amber Action

Keep child and family calm
Consider analgesia
Consider Adrenaline neb (0.4ml/kg 1:1000 up to 5ml)
Dexamethasone up to 0.6mg/kg (max 12mg) orally if available
Oxygen as tolerated
Stay with the child
999 transfer to ED