

Management - Acute Care Setting

Suspected Croup Move to resus Features of impending airway compromise **Senior Doctor review** Barking cough 2222 call **Patient Presents** Stridor Complete Mild fever Consider differential: observation Coryza FB (acute onset, choking episode, lack of coryza, fever etc), +/- PEWS Miserable Epiglottitis and tracheitis (high fever, systemically unwell, unable to swallow saliva) score

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 upsetNo recessionNormal 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	Amber Action	Red Action
	Reassure	Keep child and family calm	Keep child and family calm

Consider analgesia



Home with clear guidance and provide them with patient advice sheet. Confirm they are comfortable with the decisions / advice given and then think "Safeguarding" before sending home

IMPROVED

Dexamethasone 0.15mg/kg PO

stridor at rest/ no recession

Keep in department until no longer

Keep child and family calm

Consider analgesia

Move to resus for immediate paediatric assessment +/- 2222 call

Adrenaline neb (0.4ml/kg 1:1000 up to 5ml)

Dexamethasone up to 0.6mg/kg (max 12mg) orally and consider budesonide nebuliser 2mg

Oxygen as required

Locate difficult airway equipment

Consider SORT/PICU

your findings (See "Good Medical Practice" http://bit.ly/1DPXl2b)

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NO