

Management of Croup Guideline

Leave the child in a comfortable position
DO NOT insert a tongue depressor or take blood or X-ray

Symptoms

Coryzal onset
No drooling
Barking cough
Able to drink
Fever < 38.5°C
Harsh stridor
Hoarse voice

Assess severity

Mild Croup

Normal respiratory rate
No recession
Normal pulse rate
Normal O₂ sat
Normal conscious level

Moderate Croup

Normal or raised respiratory rate
Mild recession
Air entry reduced but easily audible
Increased pulse rate
O₂ sat > 93%
Normal conscious level

Severe Croup

Laboured breathing
Tachypnoea and recession
Air entry decreased and difficult to hear
Increased pulse rate
O₂ sat < 93%
Altered conscious level

Management

Reassure
Send home with advice to return if worsens
Consider **Dexamethasone** 0.15mg/kg orally

Management

Airway: Optimise positioning sitting up
Breathing: Oxygen via face mask
Call Paediatric SpR
Dexamethasone 0.15mg/kg orally or
Budesonide 2mg nebulized
Observe for 2-3 hours
Consider Nebulized **adrenaline** for symptomatic relief, note **transient effect**

Improvement

No Improvement

Deterioration

Admit to ward

Lower threshold if less than 15 months or socially disadvantaged
Monitor respiratory rate and O₂ saturation
Consider **Budesonide** nebulizer 12 hourly

Call for help

Paediatric, ENT and Anaesthetic teams should be present
Adrenaline nebulizer 5ml of 1:1000
If evidence of impending respiratory failure will need intubation and ventilation

Acute Stridor
Upper airway obstruction

Definition: harsh respiratory noise produced by obstruction to breathing in the larynx or trachea, predominately inspiratory.
One of the features of upper airway obstruction together with hoarseness and barking cough
Leave the child in a comfortable position
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Croup

Symptoms

Coryzal onset
No drooling
Barking cough
Able to drink
Harsh stridor
Hoarse voice

Assess severity

Epiglottitis

Symptoms

Rapid onset
Toxic appearance
Drooling
Temp > 38.5oc

Membranous Croup

Symptoms

Biphasic Stridor followed by pyrexia plus copious secretions

Foreign Body Inhalation

ABC

Initiate resuscitation
Assess severity
Call paediatric team

Allergic Angioedema

Symptoms

Skin rash (urticaria)
Puritis
With/without periorbital oedema

ABC

Initiate resuscitation
Follow Allergy / anaphylaxis guideline
Call paediatric team

Thermal or Chemical damage to airway

ABC

Initiate resuscitation
Assess severity
Call paediatric team

Medical Emergencies

Fast bleep Paediatric team
Do not upset the Child
O2 only if tolerated
If deteriorates further crash call Paediatric, anaesthetic and ENT teams