Croup Pathway

Patient presents

Clinical Assessment/ Management tool for Children





Management – Combined Acute and Primary Care

Complete

+/- PEWS

score

observation

Suspected croup Barking cough

- **Stridor**
- Mild fever
- Coryza
- **Miserable**

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, unimmunised), anaphylaxis, diphtheria, subglottic stenosis, tonsillar abscess 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	• 90-94%	<90% Pale or cyanosed
Respiratory	Stridor only when upsetNo recessionNormal air entry	Stridor at restSome recessionDecreased air entry	 Biphasic stridor (may be quiet if lifethreatening) Severe recession Severely decreased air entry Leaning forward to breathe (tripod breathing)

Green Action

Reassure

Consider analgesia

Consider Dexamethasone 0.15mg/kg PO

Home with clear guidance and provide with

parent advice sheet

Amber Action

Keep child and family calm Consider analgesia

Dexamethasone 0.15mg/kg PO

If available, place in waiting room and

observe in 30 minutes

If not possible, refer to emergency care

Improved?

No

Amber Action

Keep child and family calm Avoid throat examination/cannulation Consider Adrenaline neb (0.4ml/kg 1:1000 up to 5ml) and Budesanide neb 2mg Dexamethasone up to 0.6mg/kg (max 12mg) PO Oxygen as tolerated

2222 / Consider ENT

Liaise with **STRS** Locate difficult airway trolley

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First Draft Version: Sept 2022 Review Date: Sept 2025