Croup Pathway

Clinical Assessment/ Management tool for Children





Management – Combined Acute and Primary Care

Complete

+/- PEWS

score

observation

Patient presents

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 life-threatening) 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

Ye

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

Oxygen as tolerated 2222 / Consider ENT

Liaise with **STRS**

Locate difficult airway trolley

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