Clinical assessment / management tool for children with croup

Healthier Together

Analgesia with ibuprofen+/-paracetamol

Locate difficult airway equipment

Consider SORT/PICU /ENT



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, very unwell, unable to swallow saliva) score Amber - Intermediate Risk Red - high risk Assessment **Green - Low Risk** Alert Disorientated or drowsy Behaviour Alert • >94% Pink • >94% Pink <94% pale or cyanosed Sats Stridor only when upset Stridor at rest Biphasic stridor (May be quiet if life threatening) Respiratory Severe recession No recession Some recession · Normal air entry Decreased air entry Severely decreased air entry Tripod breathing **Green Action Red Action Amber Action** Keep child and family calm Keep child and family calm Reassure Analgesia with ibuprofen +/-Move to resus for immediate paediatric Consider analgesia with ibuprofen +/- paracetamol paracetamol assessment +/- 2222 call Dexamethasone 0.15mg/kg PO Dexamethasone 0.15mg/kg PO Adrenaline neb (0.4ml/kg 1:1000 up to 5ml) Home with clear guidance and provide them with patient advice sheet. Keep in department until no stridor High flow oxygen as tolerated at rest and no recession Dexamethasone up to 0.6mg/kg (max 12mg) orally and consider budesonide nebuliser 2mg

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NO

IMPROVED

YES