

Management - Acute Care Setting

Suspected Croup Move to resus. Features of impending airway compromise **Senior Doctor review.** Barking cough 2222 Patient presents with 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

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 restSome recessionDecreased air entry	 Biphasic stridor (May be quiet if life threatening) Severe recession Severely decreased air entry Tripod breathing
	Green Action	Amber Action	Red Action

ireen Action Amber Action Reassure. Keep child and family calm. Consider analgesia - ibuprofen +/- paracetamol. Analgesia - ibuprofen +/-Dexamethasone 0.15mg/kg PO. paracetamol. Dexamethasone 0.15mg/kg PO. Home with clear guidance and provide them with Keep in department until no stridor patient advice sheet. at rest and no recession **IMPROVED**

Keep child and family calm.

Move to resus +/- 2222

Adrenaline neb (0.5ml/kg 1:1000 up to 5ml)

High flow oxygen as tolerated.

Dexamethasone up to 0.6mg/kg (max 12mg) PO

OR

Budesonide neb 2mg.

No improvement/rapid decline post adrenaline

Repeat Adrenaline as required to maintain airway patency, ideally max 1 every 30mins 2222

Fast bleep ENT

Locate difficult airway equipment.

First Draft Version: Jan 2015 Date of this Refreshed Version: Sep 2025 Review Date: September 2028.