Croup Management Flowchart

Croup
- Stridor
- Respiratory distress
- Barking cough
- Consider differentials*

*Alternative diagnoses
- Anaphylaxis
- Inhaled Foreign Body
- Congenital abnormalities
- Tracheomalacia
- Epiglottis

Life threatening obstruction?
- Cyanosed?
- Decreased level of consciousness?
- Severe respiratory distress?

Yes to any

- 100% oxygen
- Transfer to resus and activate team
- Adrenaline nebulised (1:1000 0.5mg/kg/dose up to 5mg (5ml) undiluted
- Prepare to intubate

No to all

Assess severity of symptoms

SEVERE
- Stridor at rest
- Marked recession
- Tracheal tug
- Drooling
- Pale or mottled

MODERATE
- Stridor audible at rest
- Mild recession
- +/- Tracheal tug
- Child interested in surroundings

MILD
- Barking cough
- Stridor soft or absent
- No recession or tracheal tug

- Adrenaline nebulised (1:1000 0.5mg/kg/dose up to 5mg (5ml) undiluted
- Can be repeated after 15 mins
- Corticosteroid
- Observe for minimum of 3 hours

- Corticosteroid oral
- Observe closely over next hour

Deterioration

Improvement

No change

- Corticosteroid oral
- Discharge home
- Croup Health Facts sheet

Further deterioration

No

Admit to Emergency Short Stay Unit until stridor and respiratory distress subsides

Yes

- Discuss with ED consultant
- Consult PCC
- Adrenaline nebulised (1:1000 0.5mg/kg/dose up to 5mg (5ml) undiluted. Can be repeated after 15 mins
- Dexamethasone IV (0.6mg/kg = PCC Guideline)