Croup management chart

- Stridor
- Respiratory distress
- Barking cough
- Hoarse voice

Consider differentials*

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

Yes to any

No to all

- 100% oxygen
- Transfer to resus and activate team
- Adrenaline nebulised (1:1000 undiluted 5ml)
- Prepare to intubate

Assess severity of symptoms

Severe
- Stridor at rest
- Marked recession
- Tracheal tug
- Driiling
- Pale or mottled

- Adrenaline nebulised (1:1000 undiluted 5ml) (can be repeated after 10 mins)
- Corticosteroid
- Observe for minimum of 3 hours

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

- Corticosteroid oral
- Observe closely over next hour

improvement

no change

Further deterioration

- Yes

- No

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

- Corticosteroid oral
- Discharge home
- Croup fact sheet

Curative action:

Further deterioration
- Yes

- Discuss with ED consultant
- Consult PICU
- Repeat
  Adrenaline nebulised (1:1000 undiluted 5ml)
  Dexamethasone IV (0.6mg/kg = PICU Guideline)

Admit to ED obs ward until stridor and respiratory distress subsides

*Alternative diagnoses
- Anaphylaxis
- Inhaled foreign body
- Congenital abnormalities
- Tracheomalacia
- Epiglottitis

We take no responsibility for the use of these guidelines outside our institution. Please read our disclaimer.