

Croup Care Guideline

Inclusion Criteria: Previously healthy children 6 months – 3 yrs of age who:

- Have persistent respiratory distress
- Require frequent racemic epinephrine
- Are not deemed eligible for outpt management (social situation, uncertainty of diagnosis, severity of symptoms, etc)

Exclusion Criteria: PICU status, fever $\geq 39^{\circ}\text{C}$, toxic appearance, hypoxemia, or other suspicion of bacterial infection

Recommendations/ Considerations

- Croup mainly occurs in children from 6 months - 3 years of age with a mean age of 18 months.
- Most cases are viral in origin (mainly parainfluenza) and occur during spring and late fall.
- Rare causes of stridor (bacterial tracheitis & epiglottitis) must be considered and excluded. Consider CBC, blood culture, lateral neck xray (with caution due to risk of laryngospasm).
- If < 6 months of age, consider structural or acquired etiologies, i.e. tracheomalacia, subglottic stenosis, vocal cord paralysis.
- There is insufficient evidence supporting the use of cool mist in the treatment of croup (Moore M, Little P – see references).

Assessment

Accurate history and physical including immunization history, O₂ saturation

Treatment

- Dexamethasone 0.6mg/kg (max 10 mg) oral or IM one time (if not already given)
- Nebulized racemic epinephrine 0.5mL in 3 mL NS q 2 hr PRN for inspiratory stridor at rest or respiratory distress

Continued Considerations

- Consider additional dose of Dexamethasone if no clinical improvement
- If toxic appearing, consider alternative diagnoses and further work-up (see recommendations/considerations)

Discharge Criteria

- No stridor at rest
- No respiratory distress
- No racemic epinephrine for 6 hours
- Received steroids
- Tolerating po
- Has PMD follow up available

Severity Classifications of Croup

Mild: occasional barking cough, no stridor at rest, mild or no suprasternal or subcostal retractions

Moderate: frequent barking cough, audible stridor at rest, visible retractions but little distress or agitation

Severe: frequent barking cough, prominent inspiratory (& occasional expiratory) stridor, conspicuous retractions, decreased air entry on auscultation, significant distress & agitation

Impending respiratory failure: lethargy, dusky appearance, decreasing retractions

Patient Education

Kids Health handout on Croup – parent version (English and Spanish)

References Croup Care Guideline

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