### 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 ≥ 39°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 substernal 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)

Reassess the appropriateness of Care Guidelines as condition changes and 24 hrs after admission. This guideline is a tool to aid clinical decision making. It is not a standard of care. The physician should deviate from the guideline when clinical judgment so indicates.


Oral Dexamethasone is Effective for Mild Croup in Children - Evidence-based Healthcare and Public Health April 2005; 9(2); 167-168. http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B7MFB-4FSCVKJ-1&_user=9158812&_coverDate=04%2F30%2F2005&_rdoc=35&_fmt=high&_orig=browse&_origin=brows e&_zone=rslt_list_item&_srch=doc-info(%23toc%232323254%232305%23999909997%23593927%23FLA%23display%23Volume)&_cpi=23524 &_sort=d&_dctype=&_acct=C000110678&_version=1&_urlVersion=0&_userid=9158812&md5 =660c9f757b8fbd58091a522e9473813f&searchtype=a

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