



Produced By:	Rosemary Morton	Protocol number	2009-51 v2.0
Authorised By:	Consultants Emergency Department	Date of issue	18/6/2009
Approved By:	Lead Clinician Children's Emergency Medicine	Date of review	17/6/2012

PDI/510: SUITABILITY FOR PROTOCOL DRIVEN INVESTIGATION (ALL YES)

Croup syndrome (stridor / barking cough / hoarseness and SoB	Yes	
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Order: T, P, BP, RR, SaO₂, Weight
Do not attempt venepuncture, IV cannulation or ABGs

CDU/511: CLINICAL RISK ASSESSMENT OF CROUP

	CDU/511			CDU/512		
	H	M	L	H	M	L
Inspiratory and expiratory stridor						
Cyanosis / SaO ₂ < 92% on air						
Severe sternal recession / marked tracheal tug						
RR significantly elevated for age (>50 age 2-5, >30 age >5)						
P significantly elevated for age (>130 age 2-5, >120 age >5)						
Reduced conscious level / agitation						
Exhaustion						
Stridor at rest (usually inspiratory only)						
SaO ₂ 93 - 95% on air						
Sternal recession / tracheal tug						
RR elevated for age (>40 age 2-5, >25 age >5)						
P elevated for age (>110 age 2-5, >100 age >5)						
Distressed but can be placated						
No stridor at rest						
SaO ₂ > 95% on air						
No / mild recession						
No distress						

Risk is high if any of **H**, Moderate if none of **H** and any of **M** and low if none of **H** or **M**

MEDICAL THERAPY ADVICE

Maximal medical therapy: This consists of high-flow oxygen together with nebulised adrenaline (epinephrine) 5mg (5 ml 1:1000) and oral steroids. If dexamethasone (0.15 mg/kg) cannot be taken then nebulised budesonide (2mg) should be given. Paediatric and anaesthetic support should be summoned immediately. If there is no improvement then the adrenaline nebuliser can be repeated while preparations are made for induction and intubation.
Medical therapy This consists of high-flow oxygen together with oral steroids (dexamethasone 0.15 mg/kg). 2 hours of observation (monitoring P, RR and SaO₂) should be undertaken prior to reassessment of severity
Oral steroids: Dexamethasone 0.15 mg/kg orally.

Ref/513: Discharge following oral steroids agreed	
Ref/514: Transfer to paediatric ward agreed	

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