

**USEFUL CONTACTS**

JR Paediatric Airway Bleep 6677  
 CCCOutreach Bleep 6273  
 HGH Anaesthetic Registrar 9512  
 HGH Anaesthetic Consultant 9444  
 Anaesthetic Consultant via switchboard

**Differential Diagnosis**

Acute foreign body aspiration  
 Acute anaphylaxis  
 Epiglottitis, Bacterial Tracheitis

**Do not discharge following children without discussion with Senior Paediatric/ED doctor:**

• Age < 12 months • Hx of severe croup/requiring PICU • Upper airway anomaly • Pre-existing respiratory or cardiac disease • Ex-preterm • Re-attendance to ED with current episode • Parental anxiety • Alternative diagnosis suspected

**Clinical Assessment**

*Avoid upsetting the child. Do not examine the throat. Do not attempt venepuncture*

Clinical Signs found in varying combination in Croup  
 Stridor / Barking Cough / Hoarseness / Respiratory distress +/- Fever +/- Coryza

Assessment of **SEVERITY** based on the assessment of the following  
 Respiratory rate / Heart Rate / O<sub>2</sub> Saturations / Respiratory distress / Exhaustion

**Severe**

Severe respiratory distress  
 Cyanosis, O<sub>2</sub> Saturations < 95%  
 Restless/Agitated/Exhausted  
 Appears unwell

**Seek Senior Help early**

- Nebulised Adrenaline 400microgram/kg (max 5mg) 0.4ml/kg of 1 : 1000 – dilute with N. Saline up to 5ml
- High Flow Oxygen
- Oral Dexamethasone 150mcg/kg (if not already given)
- If unable to tolerate dexamethasone give Budesonide 2mg neb

Consider contacting CCCOutreach/PICU/Anaesthetics

**Reassess after 30mins**  
 Improvement?

No Yes

Repeat Adrenaline  
 Contact Anaesthetics/PICU

Admit for Observation

**Moderate**

NO signs of severe croup  
 Clinical signs present **at rest** and worsen when active

Oral dexamethasone 150mcg/kg  
 If unable to tolerate give Budesonide 2mg neb

Reassess after 30-60min  
 Deterioration?

Yes

No

**Re-assess 2-3 hours post initial treatment**  
 Clinical signs at rest?

Yes

No

Refer Paediatrics

Discharge with safety netting advice  
 Give Croup leaflet

**Mild**

NO signs of severe croup  
 Clinical signs present when upset or active but are **not present at rest**

Oral dexamethasone 150mcg/kg

On going concerns?

Yes

No

Discharge with safety netting advice  
 Give Croup leaflet

Discuss with Senior  
 ?Admit CDU for observation

Oral prednisolone (1–2 mg per kg body weight) is an alternative if dexamethasone is not available. Consider giving a second dose of prednisolone, particularly if there are residual symptoms of stridor the following day.

| REVIEW        |                          |                                |          |         |             |
|---------------|--------------------------|--------------------------------|----------|---------|-------------|
| Name          | Revision                 | Agreed by                      | Date     | Version | Review date |
| Olly Jefferis | New doc                  | General Paediatric Consultants | Nov 2016 | 1.0     |             |
| Olly Jefferis | Minor formatting changes | General Paediatric Team        | Mar 2019 | 2.0     | Mar 2021    |