

ACUTE MANAGEMENT OF INFANTS AND CHILDREN WITH CROUP

This PCP relates to

NSW Health PD

NSW PD 2005_392: Children and Infants with Croup – Acute Management

PCP number

NSW PD 2005_392:PCP 3 Acute management of infants and children with croup

Sites where PCP applies

Manning Hospital- Emergency Department (ED)

Target audience

Clinicians in ED where infants and children present with cough, inspiratory stridor and shortness of breath.

Description

Provides evidence based practice guidelines for the treatment of infants and children with croup

Subject

Acute management of croup in children

Keywords

Acute, management, croup, children, infants

Replaces existing PCP

No

Document number and/or name of superseded document/s

Related Legislation (including OHS legislation), Australian Standards, NSW Health Policy or Circular, other HNEH Documents, Professional Guidelines, Codes of Practice or Ethics:
NSW Health Paediatric Clinical Practice Guidelines

Portfolio Executive Director responsible for Policy and PCP Nigel Lyons

Policy Contact Person Details Sandra Babekuhl, Policy Officer - Guidelines, Standards and Protocols (Paediatrics) NCHN, Ph: 0400 328696
Alternate Contact: Rhonda Winskill, CNC Paediatrics NCHN/HNE Health, Ph: 49392354

Contact Details Children, Young People and Families Clinical Network, phone 02 4939 2469

Summary

- This PCP is a clinical pathway in the assessment of the severity and management of croup in infants and children,
- Provides guidelines on appropriate disposition, transfer/retrieval based on clinical assessment and response to treatment or discharge planning
- PCP includes relevant fact sheet for parent information.

Distribution: General Manager, DON, Paediatrician, NUM ED, ED Physician, Director of Medical Services CYP&FCN Stream Leaders

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PCP authorised by: Professor Trish Davidson - Clinical Leader CYP&FCN

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Hunter New England Area Health Service

Manning Hospital

PAEDIATRIC CROUP MANAGEMENT

Surname _____ Sex _____

Given Names _____

DOB _____ MRN _____
AFFIX PT LABEL HERE

Pt. Weight _____ kg

ALERT:

Evidence of life threatening airway obstruction: (cyanosis, decreased LOC)
Apply 100% O2 via non re-breather mask, Give Neb Adrenaline (5ml 1:1000 undiluted)
Find most experienced person available to intubate child urgently .
Contact the Paediatrician immediately. Consider NETS (1300 362 500)

Any child with stridor, fever, toxic appearance and no cough is to be seen immediately by Senior Doctor/Staff Specialist to rule out Epiglottitis or Tracheitis.

INITIAL ASSESSMENT

Symptoms	Mild	Moderate	Severe
Central cyanosis	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes or extreme pallor
Level of consciousness	<input type="checkbox"/> Normal	<input type="checkbox"/> Can be placated, interested in surroundings	<input type="checkbox"/> Apathetic or restless
Pulse rate	<input type="checkbox"/> Normal for age	<input type="checkbox"/> Tachycardia	<input type="checkbox"/> Extreme tachycardia/bradycardia
Accessory muscle use or Tracheal tug	<input type="checkbox"/> Nil to minimal	<input type="checkbox"/> Minimal to moderate	<input type="checkbox"/> Moderate to excessive
Barking cough	<input type="checkbox"/> Present	<input type="checkbox"/> Present	<input type="checkbox"/> Present
Inspiratory stridor	<input type="checkbox"/> Nil or intermittent	<input type="checkbox"/> Persisting at rest * * If only this present still moderate	<input type="checkbox"/> Persisting at rest

Severity Score Mild Moderate Severe
Print Name _____ Signed: _____ Medical Officer/

INITIAL MANAGEMENT – ASSESSMENT OF ACUTE ATTACK

Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe CONTACT PAEDIATRICIAN IMMEDIATELY <input type="checkbox"/>
<p>No specific treatment unless a previous history of severe croup then consider an oral dose of 1. Dexamethasone or 2. Prednisolone</p> <p>**If fits into 'risk factors criteria' reconsider</p>	<p>Oral (in order of preference) Dexamethasone 0.15 – 0.3mg/kg OR Prednisolone (oral) 1- 2 mg/kg OR Nebulisd Budesonide (2mg) (4ml) - Especially if oral steroids not tolerated works within 30 min)</p> <p>Observe for > 4 hours</p> <p>If no improvement treat as severe</p>	<p>CONTACT PAEDIATRICIAN Do not disturb child unnecessarily Give 100% oxygen via an appropriate sized non re-breather face mask and monitor vital signs Give nebulised adrenaline 5mls 1:1,000 undiluted in the nebuliser with oxygen (may repeat within 15 minutes. Monitor vital signs continuously</p> <p>Dexamethasone 0.15- 0.3 mg/kg (IV or IM) Budesonide 2mg (4mls neat nebulised) Reassess/review Consider intubation – find most experienced person available</p>
<p>Parental explanation Discharge home with croup fact sheet</p>	<p>1. If marked improvement after 4hrs: → Discharge-Only if none of the below listed risk factors are present ** and no stridor at rest Provide parental explanation Give croup fact sheet Written follow-up plan with GP</p> <p>2. If only partial improvement after 4 hrs: → Admit for Repeat oral steroids at 12 hours Provide parental explanation</p>	<p>Admit to ward Or NETS transfer</p>

	Give croup fact sheet	
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Consider admission if **risk factors for more severe disease exist eg < 6 months, Pre-existing airway disease / abnormalities, history of severe croup, stridor at rest in daylight hours, poor parental understanding of illness, social requirements eg. no phone or transport, distance from hospital