

Hunter New England Health - Southern sector
PAEDIATRIC CROUP MANAGEMENT
 IN EMERGENCY DEPARTMENTS
 (<20 acute beds hospital)

Name _____
 MRN _____

Triage: Date: _____ Time: _____

Presenting Problem: _____

Priority: _____ **Area:** _____ **Interpreter Required:** _____

Triager Name (print): _____ **Triager Name (signature)** _____

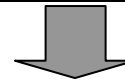
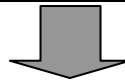
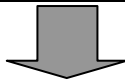
Any child with stridor, fever, toxic appearance and no cough is to be seen immediately by Senior Doctor/Staff Specialist to rule out Epiglottitis or Tracheitis. *If seen tick* Signed: _____ Time: _____

INITIAL ASSESSMENT (tick the feature)

Weight: _____

SIGNS/ SYMPTOMS	MILD	MODERATE	SEVERE
Barking cough and.....			<i>If any one of first four signs/symptoms are present = "severe"</i>
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 range for age	<input type="checkbox"/> Tachycardia	<input type="checkbox"/> Extreme tachycardia or bradycardia
Use of accessory muscles or tracheal tug	<input type="checkbox"/> Nil to minimal	<input type="checkbox"/> Minimal to moderate	<input type="checkbox"/> Moderate to excessive
Inspiratory Stridor	<input type="checkbox"/> Nil or intermittent	<input type="checkbox"/> Intermittent or persisting, at rest and no other features = "moderate"	<input type="checkbox"/> Persisting, at rest

INITIAL MANAGEMENT



MILD	MODERATE Consult Paediatrician	SEVERE Call retrieval team (NETS Hotline: 1300 36 2500)
No specific treatment unless a previous history of severe croup then consider an oral dose of Dexamethasone/prednisolone **If fits into 'risk factors for more severe disease' criteria, reconsider	<ul style="list-style-type: none"> • Nebulised budesonide (2mg) and • Dexamethasone 0.15 - 0.3 mg/kg (oral) or prednisolone 1mg/kg (oral) • Observe for > 4 hours 	Do not disturb child unnecessarily Give 100% oxygen via an appropriate sized face mask and monitor vital signs Give nebulised adrenaline 5mls 1:1,000 undiluted in the nebuliser with oxygen (may repeat within 15 minutes). If no improvement inform Paediatrician. Monitor vital signs continuously
Parental explanation Discharge home with croup fact sheet	If Marked Improvement after 4hrs: → Discharge <ul style="list-style-type: none"> • If no risk factors (see box) • When no stridor at rest • Provide parental explanation • Give croup fact sheet 	<ul style="list-style-type: none"> • Dexamethasone 0.15 - 0.3 mg/kg (IV or IM) or Prednisolone 1mg/kg (oral) • Budesonide 2mg (4mls neat nebulised) • Reassess/transfer to higher level care facility via retrieval team • Consider intubation • Inform Consultant
Consider transfer to higher level care facility if risk factors (see box) for more severe disease exist	If Partial Improvement after 4 hrs: Transfer to higher level care facility	

Other Considerations: Oral medication may be needed for fever/throat pain

- Risk Factors:**
- Age < 6 months
 - Pre-existing airway disease/abnormalities
 - History of severe croup
 - Stridor at rest in daylight hours
 - Poor parental understanding of illness
 - Social eg: no phone or transport

Doctor Name (print) _____ **Doctor Name (signature)** _____ **Date:** _____ **Time:** _____