



Clinical Management Summary

EDcare : Handbook for Emergency Practice

Available from the Amazon Kindle Bookstore

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Suspected Viral Croup in a Child

In a Child presenting with Inspiratory Stridor always consider following causes :

- **Airway Foreign Body** : Suspect in absence of characteristic barking cough and preceding coryza
- **Anaphylaxis** : History of Allergen, Sudden onset, Wheezing and/or Hypotension, Rash, GI symptoms
- **Epiglottitis** : Non-immunised to HIB, Absent cough, Fever / Toxicity, Drooling, Posture

Mild Croup

Barking Cough
No Stridor at rest

Management

Administer Oral Steroid

- Dexamethasone 0.15 mg/kg (max 12mg)
 or Prednisolone 1 mg/kg (max 50mg)

Parental advice

Discharge home

(No antibiotics, No antitussives (codeine), No Heliox)

Moderate Croup

Barking cough
Stridor at rest
Minimal respiratory distress

Management

Consider Adrenaline Neb (0.5mg/kg to max 5mg 1:1000)

Administer Oral Steroid

- Dexamethasone 0.15 mg/kg (max 12mg)
 or Prednisolone 1 mg/kg (max 50mg)

Admission for observation

(No antibiotics, No antitussives (codeine), No Heliox)

Severe Croup

Increasing irritability +/- lethargy
Loud Stridor at rest
Marked respiratory distress

- Marked increased resp rate
- Tracheal tug, Nasal Flaring
- Marked chest retraction

Hypoxaemia is a late sign !

Management

Administer High flow Oxygen (but avoid upsetting child)

Give Adrenaline Neb(s) (0.5mg/kg to max 5mg 1:1000)

- Repeat Adrenaline Nebs @ 10 - 20 mins if required
- Dexamethasone 0.6 mg/kg (IM/IV) to max 12 mg

Observe closely for deterioration

Consider GPA notification

Transfer to Tertiary Hospital for observation

Life Threatening Croup

Altered mental state
Soft or absent stridor
Decreased respiratory rate
Hypoxaemia (prearrest sign)

Management

Administer High flow Oxygen

Adrenaline Neb (0.5mg/kg to max 5mg 1:1000)

- Repeat Adrenaline Nebs as required
- Dexamethasone 0.6 mg/kg (IM/IV) to max 12 mg

Reassess Diagnosis : Consider Airway FB and Epiglottitis

Have Bag valve mask ready to assist ventilation

Call GPA for airway support : Prepare for intubation

Contact Retrieval / ICU