Figure 1: Clinical Assessment: Stridor/Respiratory Distress

**Croup**

**Life Threatening Airway Obstruction?**
1. Cyanosed
2. Decreased level of consciousness

No

- 100% oxygen
- Nebulised adrenaline [5mls 1:1000 undiluted in nebuliser]
- Urgently find most experienced person to intubate child if required
- **NETS call (1300 36 2500)**
- Inhalation induction for intubation is optimal
- Systemic corticosteroids should be given, after assistance with airway management has arrived

Yes

- **Mild Croup**
  - Barking cough
  - Nil or intermittent stridor
  - No cyanosis

  - Parental explanation and fact sheet
  - No specific treatment
  - Competent parents and transport available
  - Discharge

- **Moderate Croup**
  - Persisting stridor at rest
  - Some tracheal tug and chest wall recession
  - Can be placated, interested in surroundings
  - May have cyanosis

  - Corticosteroids
    - Dexamethasone 0.3mg/kg or
    - Prednisolone 1mg/kg [oral] or
    - Nebulised Budesonide [2mg] if oral steroids not tolerated
    - Observe > four hours

- **Severe Croup**
  - Persisting/soft stridor at rest
  - Marked tracheal tug and chest wall recession
  - Apathetic or restless/cyanosis
  - Palpable paradox

  - Do not disturb child unnecessarily
  - Oxygen
  - Nebulised Adrenaline [5mls 1:1000 undiluted in nebuliser]
  - Corticosteroids
    - Dexamethasone 0.3mg/kg or
    - Prednisolone 1mg/kg [oral] or
    - Nebulised Budesonide [2mg] if oral steroids not tolerated
    - Observe > four hours

**Improvement**

- **Yes**
  - Discharge when no stridor at rest
  - Explanation and fact sheet

- **PARTIAL**
  - Admit/observe in Emergency Department
  - Repeat oral steroids at 12hrs
  - Parental explanation and fact sheet
  - Written follow-up plan with GP

- **No**
  - **Inform Consultant**
    - Reassess/review
    - Nebulised Adrenaline [same dose as previous]
    - Corticosteroids [same dose as previous]
    - Liaise with NETS
    - Admit
    - Consider Intubation

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