







 Suspected Croup Runny nose Barking cough Mild fever Stridor Stridor Risk factors for severe disease History of severe obstruction History of severe croup Structural upper airways abnormality Age <6m Difficulty breathing Difficulty feeding Sore throat & hoarse voic Sore throat & hoarse voic Poor response to initial treatment Late evening or night time presentation 		voice	signs suggest an im life threaten (high risk) illn	ing
		Eniglottiti		choking,) is
Gree	en – Low Risk	Amber –	Intermediate Risk	Red – High Risk
cues • Content/sr Activity • Stays awak	 Responds normally to social cues Content/smiles 		ponse to social cues ctivity	 Not responding normally or no response to social cues Unable to rouse or if roused does not stay awake Weak, high pitched or continuous cry Appears ill
	 Normal skin colour CRT <2 secs 		n colour orted by parent/carer heries	 Pale, mottled, ashen Cold extremities CRT >3 secs
 <12m: RR < 1-5y: RR <4 O₂ Sats: ≥9 No chest re 	 No respiratory distress <12m: RR <50bpm 1-5y: RR <40bpm 		a recessions nasal flaring 50-60bpm 9-60bpm -94%	 Significant respiratory distress Grunting Apnoeas Severe recessions Nasal flaring All ages: RR >60bpm O₂ Sats: ≤ 92%
Occasional barking cough. No stridor at rest Cough		 Stridor at rest with barking cough 		 Struggling with persistent coughing
 Tolerating 75% of fluid Occasional cough induced vomiting Moist mucous membranes 		feeds	id intake over 3-4 uced vomiting rine output	 50% or less fluid intake over 2-3 feeds Cough induced vomiting frequently Significantly reduced urine output



V1 Approved: Oct 21 Review: Oct 23 Author: Dr Rebecca Brown and Dr Rebecca Proudfoot