







Croup Pathway

Suspected Croup

- Runny nose
- Barking cough
- Mild fever
- Stridor
- Difficulty breathing
- Difficulty feeding
- Sore throat & hoarse voice

Poor response to initial

• Late evening or night

time presentation

Risk factors for severe disease

History of severe obstruc-

- History of severe croup
- Structural upper airways abnormality
- Age <6m

Immunodeficiency

treatment

- - (high risk) illness?

Consider differentials: FB (acute onset, choking, no coryza) **Epiglottitis** (high fever, drooling)

Do the symptoms and/or signs suggest an immediately

life threatening



Activity

Skin

Respiratory

 Responds normally to social cues

Green – Low Risk

- Content/smiles
- Stays awake/awakens quickly
- Strong normal cry

• No respiratory distress

• <12m: RR <50bpm

• 1-5y: RR <40bpm

No chest recessions

• O₂ Sats: ≥95%

No nasal flaring

- **Amber Intermediate Risk** Altered response to social cues
- No smile
- Reduced activity
- Not responding normally or no response to social cues
- Unable to rouse or if roused does not stav awake

Red - High Risk

- Weak, high pitched or continuous cry
- Appears ill
- Normal skin colour Normal skin colour Pale, mottled, ashen Cold extremities

Tachypnoea

- CRT <2 secs Pallor reported by parent/carer
 - Cool peripheries
 - CRT >3 secs
- Significant respiratory distress
- Moderate recessions
- May have nasal flaring
- <12m: RR 50-60bpm
- 1-5y: RR 40-60bpm • O₂ Sats: 92-94%
- Grunting
- Apnoeas
- Severe recessions
- Nasal flaring
- All ages: RR >60bpm
- O₂ Sats: ≤ 92%



Cough

Circulation

- Occasional barking cough. No stridor at rest
- Stridor at rest with barking cough
- Struggling with persistent coughing

- Tolerating 75% of fluid
- Occasional cough induced vomiting
- Moist mucous membranes
- 50-75% fluid intake over 3-4 feeds

AMBER ACTION

Dexamethasone 0.15mg/kg PO

Keep family and child calm

Prednisolone (1-2mg/kg)

Keep in waiting room

- Cough induced vomiting
- Reduced urine output

Parental anxiety

- 50% or less fluid intake over 2-3 feeds
- Cough induced vomiting frequently
- Significantly reduced urine output

GREEN ACTION

- Reassure
- Dexamethasone 0.15mg/kg PO
- Prednisolone (1-2mg/kg) is an alternative





- Provide information
- Confirm they understand

Improved

for 30 mins

Not

Same day review

is an alternative

ing into PATH

AND

- improved Consider book-
- If you feel the child is ill, needs O₂ or struggling with hydration discuss with paediatrician on-call





RED ACTION

- Refer immediately to emergency care or paediatric unit – consider 999
- Commence stabilisation treatment
- Consider high flow oxygen