Children's Health Ireland

CROUP

Barking cough with STRIDOR; A harsh sound usually heard during inspiration indicative of upper airway obstruction

VIRAL LARYNGO TRACHEOBRONCHITIS
most common:
- 6 months – 6 years
- Coryzal symptoms
- Barking cough
- Able to drink
- Generally fever <38.5°C
- Harsh stridor
- No drooling
- Hoarse voice

- Leave child in a comfortable position
- Do not insert tongue depressor
- Do not take blood
- Do not X-ray

Consider Others:
- Bacterial tracheitis
- Epiglottitis
- FB Obstruction
- Angio-oedema
- Laryngomalacia
- Retropharyngeal abscess
- Thermal chemical injury

Assess Severity according to degree of respiratory distress

Mild Croup*
- No stridor at rest
- No significant chest wall recession at rest
- Barking Cough

- Give oral dexamethasone 0.15 mg/kg (max 12mg)
- Educate parents regarding course of illness; when to seek medical attention
- Discharge home

Moderate Croup*
- Stridor and chest wall indrawing **at rest**
- Normal conscious level

- Give oral dexamethasone 0.3 mg/kg (max 12mg)
- Minimise intervention
- Position of comfort
- Observe for improvement

Any Deterioration

Discharge once no stridor at rest

No improvement by 4hrs

Severe Croup*
- Agitation or lethargy
- Laboured breathing
- Tachypnoea & recession
- Decreased air entry
- Altered conscious level
- Severe hypoxemia is a late sign of significant airway obstruction

Admission
Admit if stridor still present at rest 4 hours after adrenaline neb or if 2 or more adrenaline nebs given
Lower threshold for admission if
- Under 6 months
- Previous history of severe croup
- Late evening presentation
- Subglottic stenosis
- Downs Syndrome

Once admitted:
- Monitor respiratory rate and O2 saturation.
- Consider giving budesonide 2mg nebulised if oral dexamethasone is not feasible.

Any Deterioration

- Give O2
- Give 5ml of nebulised adrenaline 1:1000 or racaemic adrenaline 0.5ml made up to 4ml 0.9%NaCl (either can be repeated)I **AND** up to 0.6mg/kg dexamethasone (max 12mg) PO/IM/IV
- Notify PICU/anaesthesia if not responding to 1st adrenaline and consider repeating adrenaline nebuliser
- Admit if 2 or more adrenaline nebs given
- If typical history, only one adrenaline neb given and if no stridor at rest after 4 hours, you may consider discharge after discussion with the ED consultant if local policy