

Croup Primary Care and Community Pathway

Clinical Assessment / Management Tool for Children – Oxfordshire Patient Pathway



Croup Clinical Assessment <i>Avoid upsetting the child. Do not examine the throat.</i>	
Clinical Signs found in varying combination in Croup: • <i>Stridor</i> • <i>Barking Cough</i> • <i>Hoarseness</i> • <i>Respiratory distress</i> • <i>+/- Fever, +/- Coryza</i>	Assessment of SEVERITY based on the assessment of the following: • <i>Exhaustion</i> • <i>O2 Saturations</i> • <i>Respiratory distress</i> • <i>Respiratory rate</i> • <i>Heart Rate</i>

Consider differential: • Foreign Body (acute onset, choking episode, lack of coryza, fever etc), • Epiglottitis and tracheitis (high fever, very unwell, unable to swallow saliva) • Acute anaphylaxis
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Caution – low threshold for referral to paediatrics and/or discussion with senior paediatric doctor. • Age <12 months • Hx of severe croup (requiring PICU) • Upper airway anomaly • Pre-existing respiratory or cardiac disease • Ex pre-term • Re-attendance with current episode • Parental anxiety • Alternative diagnosis suspected

	Green - Mild	Amber - Moderate	Red - Severe
Behaviour	Alert – NO Signs of Severe Croup	Alert, NO signs of Severe Croup	Restless, Agitated, Exhausted, Drowsy, Appears unwell
Sats	≥ 95% Pink	≥ 95% Pink	<95% pale or cyanosed
Respiratory	Stridor only when upset No recession	Stridor at rest Some recession	Biphasic stridor (May be quiet if life threatening) Severe recession Decreased air entry Tripod breathing

Respiratory Distress
Mild: Mild recession and some accessory muscle use
Moderate: Moderate recession and clear accessory muscle use

Normal Values	
Respiratory Rate	
1-2 yrs	25-35
>2-5 yrs	25-30
>5-12 yrs	20-25
>12 yrs	15-20
Heart Rate	
1-2 yrs	100-150
>2-5 yrs	95-140
>5-12 yrs	80-125
>12 yrs	60-100

Green Action
Reassure
Consider analgesia with ibuprofen +/- paracetamol
Dexamethasone 0.15mg/kg OR Prednisolone 1mg/kg
Home with clear guidance and parent information

Amber Action
Keep child and family calm
Analgesia with ibuprofen +/- paracetamol
Dexamethasone 0.15mg/kg OR Prednisolone 1mg/kg
Place in Waiting Room and review in 30 minutes*

*30-minute review ▪ If improves and no clinical signs at rest - Home with clear guidance and parent information ▪ If still clinical signs at rest, but no signs of severe Croup - Continue observation for 2-3 hours ▪ If continues to have clinical signs at rest after 2-3 hours - refer to Paediatrics ▪ If at any time signs of severe Croup, then manage as severe Croup
If not able to observe, then refer to Paediatrics

Urgent Action
Keep child and family calm
High flow Oxygen via mask as tolerated
Adrenaline neb (0.4ml/kg 1:1000 up to 5ml) if available
Dexamethasone 0.15mg/kg OR Prednisolone 1mg/kg
Analgesia with ibuprofen +/- paracetamol
Stay with the child
999 transfer to ED

Consider Paediatric Urgent Care Pathway
• Oxford Paediatric Advice/Referral Line Tel: 01865 227533, Option 1 for HGH and Option 2 for JRH. • If no response Tel: 01865 741166, Bleep 9403 for HGH or 1711/1392/4734 for JRH Paediatrician on call • Children's Community Nursing (CCN) Team via single point of access Tel: 01865 902700

Useful numbers for clinicians in the community	
John Radcliffe Hospital Tel: 01865 741166 Horton General Hospital Tel: 01295 275500	Royal Berkshire Hospital Tel: 0118 322 5111 Great Western Hospital Tel: 01793 604020 Stoke Mandeville Hospital Tel: 01296 315000

This guidance has been reviewed and adapted by healthcare professionals across Oxfordshire with consent from the Hampshire development groups.	This document was arrived at after careful consideration of available evidence, including, but not exclusively, NICE, SIGN, EBM data and NHS evidence as applicable. This pathway is to support clinicians in decision making and management.
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