

GUIDELINES ON THE MANAGEMENT OF CROUP

- Consider other causes of upper airway obstruction eg FB, epiglottitis
- Initial management depends on clinical findings
- Try not to distress the child as this may worsen symptoms
- DO NOT examine a child's throat with a tongue depressor, this may lead to airway compromise
- Xrays in the acute phase are rarely justified and may lead to airway compromise

MILD

- Alert and active
- No distress
- Seal like barking cough
- No stridor at rest
- RR normal
- No increase WOB
- No sternal recession
- Sats >95% on air
- Heart rate normal
- Colour – good

TREATMENT

- Try not to distress the child
- PO dexamethasone 0.15mg/kg (max 8mg)
- Provide reassurance
- Discharge with written advice to return if condition worsens
- Consider admission if <3 months, Chronic lung disease, congenital heart disease, neuromuscular disorders, immunodeficiency, inadequate fluid intake

MODERATE

- Alert, may be distressed but can be comforted
- Seal like barking cough
- Stridor at rest
- RR raised
- Mild increase WOB
- Some sternal recession
- Sats >95% on air
- Moderate tachycardia
- Colour - good

TREATMENT

- Try not to distress the child
- PO dexamethasone 0.6mg/kg (max 8mg)
- If vomits consider 2mg nebulised budesonide
- Monitor RR, SaO₂, HR
- Review in 2 hours
- Consider managing as "severe" if no improvement
- no benefit in repeat dose of steroids acutely
- If admitted may have second dose at 8-12 hours: 0.3mg/kg dexamethasone
- Discharge if:
 - RR & HR normal
 - No sternal recession
 - Sats >95%

SEVERE

- Apathetic, restless or exhausted
- Stridor at rest
- RR >70 bpm
- Poor respiratory effort
- Severe recession (but note this may diminish with exhaustion)
- Marked sternal retractions
- Sats <95% on air
- Severe tachycardia
- Colour – pale or cyanosed

TREATMENT

- Monitor in RESUS
- Immediate SENIOR REVIEW
- Involve anaesthetics early
- Try not to distress the child
- Give 15l/min O₂ via FM with reservoir
- Give nebulised adrenaline (1:1000) 0.4ml/kg of 1:1000 MAX 5ml
- Repeat adrenaline neb PRN
- PO dexamethasone 0.6mg/kg (max 8 mg) if tolerated OR 2mg nebulised budesonide
- If poor response consider intubation and d.w NWTS