



Pediatric Respiratory Distress (Croup)

(Adapted from an evidence-based guideline created using the National Prehospital Evidence-Based Guideline Model Process)

Aliases

None noted

Patient Care Goals

1. Alleviate respiratory distress
2. Promptly identify respiratory distress, respiratory failure, respiratory arrest, and intervene for patients who require escalation of therapy
3. Deliver appropriate therapy by differentiating other causes of pediatric respiratory distress

Patient Presentation

Inclusion Criteria

Suspected croup (history of stridor or history of barking cough)

Exclusion Criteria

1. Presumed underlying cause that includes one of the following:
 - a. Anaphylaxis
 - b. Asthma
 - c. Bronchiolitis (wheezing in a patient less than 2 years of age)
 - d. Foreign body aspiration
 - e. Submersion/drowning
 - f. Epiglottitis

Patient Management

Assessment

1. History
 - a. Onset of symptoms (history of choking)
 - b. Concurrent symptoms (fever, cough, rhinorrhea, tongue/lip swelling, rash, labored breathing, foreign body aspiration)
 - c. Sick contacts
 - d. Treatments given
 - e. Personal history of asthma, wheezing, or croup in past
2. Exam
 - a. Full set of vital signs (pulse, blood pressure, respiratory rate, neurologic status assessment) temperature, and O₂ saturation
 - b. Presence of stridor at rest or when agitated
 - c. Description of cough
 - d. Other signs of distress (grunting, nasal flaring, retracting, use of accessory muscles)
 - e. Color (pallor, cyanosis, normal)
 - f. Mental status (alert, tired, lethargic, unresponsive)

Treatment and Interventions

1. Monitoring