

Pedi Croup Criteria:

(6 mos - 6 yr)

Barky cough

Hoarse voice

Stridor

Increased WOB

Exclusion Criteria:

Known airway anomaly at any point

H/o intubation ≤ 1 yr prior

Not Routinely Recommended:

Viral testing

Imaging

Cool mist

Repeat doses dexamethasone, *unless re-presenting >48hrs s/p first dex dose*

Suspected Croup

Impending Respiratory Failure:

Altered Mental Status
Severe Respiratory Distress
Hypoxemia

PICU consult
-Rac epi $\leq q1hr$
-Escalation of care (e.g. PPV, Heliox, etc.)

Severity Assessment

Mild

Occasional barky cough
No stridor **at rest**
Mild increase WOB

Moderate/Severe

Frequent barky cough
Stridor **at rest**
Significant increase WOB
Marked retractions

Dexamethasone

Dosing (Use ED Croup Order Set):

Dexamethasone (0.6 mg/kg PO; max dose 16 mg)
Racemic Epinephrine nebulized (0.5 mL)

Dexamethasone +
Racemic Epinephrine

Observe for
2 hrs

Stridor
at rest?

No

Yes

Discharge home

Repeat Racemic
Epinephrine

≥ 3 Racemic Epinephrine
doses given?

Consult to Pediatrics

Croup Discharge Criteria:

Lack of stridor at rest
Minimal to no WOB
Tolerate PO
No O2 requirement

Consider alternative diagnoses if no improvement with RE:

Foreign body aspiration
Tracheitis
Epiglottitis
Anaphylaxis
Airway anomaly
Deep neck space infection

References

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