INCLUSION CRITERIA

• Age 6 mos – 6 years
• Previously healthy

EXCLUSION CRITERIA

• Symptoms suggestive of alternative diagnosis
• Known upper airway abnormality
• Hypotonia or neuromuscular disorder

Inclusion Criteria

• Age 6 mos – 6 years
• Previously healthy

Exclusion Criteria

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Dosing Guidelines*

• Dexamethasone PO/IM - 0.6 mg/kg; Max 16 mg
• Racemic Epi 0.5 mL of 2.25% inhalation solution
• Heliox 80/20 ratio

Not routinely recommended

• Radiographic imaging
• Viral PCR
• Repeat Dexamethasone
• Cool mist

PO/IM Dexamethasone* + Racemic Epi* (if not previously given)

Patient presents with suspected Croup

Perform Severity Assessment

Moderate

• Inspiratory stridor at rest, Biphasic with agitation
• Intercostal AND suprasternal retractions
• Normal saturation on room air, mild tachypnea, mild tachycardia
• Agitated or tired, low tone
• Difficulty in talking or feeding

Severe/Life-Threatening

• Biphasic stridor or absent due to poor respiratory effort
• Severe retractions (intercostal, nasal flaring)
• Hypoxemia or cyanosis, marked tachycardia or bradycardia
• Abnormal, confused, drowsy
• Unable to talk or feed

Mild

• Stridor only with activity/agitation
• Suprasternal retractions only
• Normoxia, no tachypnea, no tachycardia
• Normal mental status
• Able to talk or feed

PO/IM Dexamethasone* (if not previously given)

Discharge Criteria

• Minimal stridor at rest
• Minimal retractions
• Able to talk or feed without difficulty

PO/IM Dexamethasone* + Racemic Epi* (if not previously given)

Improved?

Yes

No

Repeat Racemic Epi*

Admit Criteria

• Patient with continuous stridor at rest AND any symptoms listed in the assessments criteria above
• Patients receiving multiple doses of racemic epi
• Patients not otherwise meeting discharge criteria
• Consider ICU for poor response to racemic epi or toxic appearance

Transfer to ICU

• Place on Heliox* and/or Intubate as needed (include Anesthesia)
• Consult ENT
• Discharge

IM Dexamethasone* + Racemic Epi* (if not previously given)
CROUP PATHWAY, CP/UC

Inclusion Criteria
• Age 6 mos – 6 years
• Previously healthy

Exclusion Criteria
• Symptoms suggestive of alternative diagnosis
• Known upper airway abnormality
• Hypotonia or neuromuscular disorder

Perform Severity Assessment

Mild
• Stridor only with activity/agitation
• Suprasternal retractions only
• Normoxia, no tachypnea, no tachycardia
• Normal mental status
• Able to talk or feed

Moderate
• Inspiratory stridor at rest, Biphasic with agitation
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• Repeat Dexamethasone
• Cool mist

Dose Guidelines*
• Dexamethasone PO/IM - 0.6 mg/kg; Max 16 mg
• Racemic Epi 0.5 mL of 2.25% inhalation solution

PO/IM Dexamethasone* + Racemic Epi* (if not previously given)

Discharge Criteria
• Minimal stridor at rest (stridor expected w/activity)
• Minimal retractions
• Able to talk or feed without difficulty

PO/IM Dexamethasone* (if not previously given)

Transmitted to Emergency Dept.

Improved?

Transfer to Emergency Department
• Patient with continuous stridor at rest AND any symptoms listed in the assessments criteria above
• Patients receiving multiple doses of racemic epi
• Patients not otherwise meeting discharge criteria
• Consider ICU for poor response to racemic epi or toxic appearance

Yes

No

Discharge Criteria
• Minimal stridor at rest (stridor expected w/activity)
• Minimal retractions
• Able to talk or feed without difficulty

Transfer to Emergency Dept.
• Patient with continuous stridor at rest AND any symptoms listed in the assessments criteria above
• Patients receiving multiple doses of racemic epi
• Patients not otherwise meeting discharge criteria
• Consider ICU for poor response to racemic epi or toxic appearance

Updated 8/2020

Disclaimer: Pathways/protocols are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways/protocols should be adapted by medical providers, when indicated, based on their professional judgment and taking into account individual patient and family circumstances.