

# Croup

For use by clinical professionals only



## Clinical Assessment/Management tool for Children

## Primary and Community Care Settings

CLINICAL ASSESSMENT	Consider Alternative Diagnosis:	RED FLAGS
<ul style="list-style-type: none"> <li>Barking cough</li> <li>Stridor</li> <li>Difficulty breathing</li> <li>Difficulty feeding</li> <li>Sore throat and hoarse voice</li> <li>Droling</li> </ul>	<ul style="list-style-type: none"> <li>Foreign Body (FB) (acute onset, choking episode, lack of coryza, fever etc)</li> <li>Epiglottitis and tracheitis (high fever, systemically unwell, unable to swallow saliva)</li> </ul>	<ul style="list-style-type: none"> <li>History suggestive of foreign body</li> <li>Features of impending airway compromise</li> <li>Looks unwell (septic, ?epiglottitis/tracheitis)</li> <li>History of severe obstruction</li> <li>Structural upper airway abnormality</li> <li>Poor response to initial treatment</li> </ul>
RISK FACTORS	<ul style="list-style-type: none"> <li>Immunodeficiency</li> <li>Chronic Lung Disease</li> <li>Haemodynamically significant congenital heart disease</li> <li>Longer distance to healthcare</li> <li>Unimmunised</li> <li>Carer Factors</li> <li>Neuromuscular disorders</li> <li>Age &lt;three months</li> <li>Inadequate fluid intake</li> </ul>	

## Assessment Table

	GREEN LOW RISK	AMBER MEDIUM RISK	RED HIGH RISK
<b>Breathing</b>	<ul style="list-style-type: none"> <li>Croupy (barking) cough</li> <li>No stridor</li> <li>Breathing normally</li> </ul>	<ul style="list-style-type: none"> <li>Stridor when upset</li> <li>Breathing a bit faster than normal and barking cough</li> <li>Working a bit harder to breathe</li> </ul>	<ul style="list-style-type: none"> <li>Stridor at rest</li> <li>Breathing very fast</li> <li>Breathing that stops or pauses</li> <li>Working hard to breathe (looking tired)</li> <li>Very noisy breathing or extra sounds (severe wheezing, grunting)</li> <li>Not able to talk or drooling (because they can't breathe properly)</li> </ul>
<b>Colour and Circulation</b>	<ul style="list-style-type: none"> <li>Normal colour skin, lips, and tongue</li> </ul>	<ul style="list-style-type: none"> <li>Looking pale</li> <li>Dry skin, lips or tongue</li> <li>No wet nappies or not had a wee in last 12 hours</li> </ul>	<ul style="list-style-type: none"> <li>Pale, blue, grey or mottled skin, lips or tongue</li> <li>Very cold hands or feet</li> </ul>
<b>Activity</b>	<ul style="list-style-type: none"> <li>Smiling and responding normally</li> <li>Stays awake or wakes normally</li> <li>Active, playing</li> <li>Normal cry or not crying</li> </ul>	<ul style="list-style-type: none"> <li>Difficult to wake up, sleepy</li> <li>Not responding normally</li> <li>Crying and unsettled</li> <li>Poor feeding (babies) or not drinking (children)</li> </ul>	<ul style="list-style-type: none"> <li>Difficult to wake up, very sleepy</li> <li>Confused (does not recognise you)</li> <li>Extremely agitated</li> <li>Weak, high-pitched, or continuous cry</li> </ul>
<b>Other</b>		<ul style="list-style-type: none"> <li>Temperature 39°C or above in babies 3-6 months</li> <li>Fever for more than 5 days</li> <li>Shivering with fever (rigors)</li> </ul>	<ul style="list-style-type: none"> <li>Temperature less than 36°C</li> <li>Temperature 38°C or more if baby is less than 3 months</li> <li>Inadequate fluid intake (50 to 75% of usual volume, or no wet nappy for 12 hours)</li> </ul>
	GREEN ACTION	AMBER ACTION	RED ACTION
	Reassure Consider analgesia Dexamethasone 0.15mg/kg PO or Prednisolone 1mg/kg (Max 40mg) as stat dose Home with patient advice sheet. Provide parent/carer information	Keep child and family calm Consider analgesia Dexamethasone 0.15mg/kg PO or Prednisolone 1mg/kg (Max 40mg) as stat dose  Consider review in 30 minutes after administration of treatment if practical  Consider referral to paediatrics	Keep child and family calm Consider analgesia Dexamethasone 0.15mg/kg PO or Prednisolone 1mg/kg (Max 40mg) as stat dose Consider Adrenaline neb (0.4ml/kg 1:1000 up to 5ml)  Consider Budesonide 2mg neb  Oxygen as tolerated Stay with the child 999 transfer to ED