

# Croup Pathway

Clinical Assessment/Management tool for Children



Primary and Community Care Settings

Priorities of clinical assessment	Consider Alternative Diagnosis:	Risk factors for severe disease
<ul style="list-style-type: none"> <li>Assess work of breathing and recession</li> <li>Additional noises e.g., wheeze or stridor</li> <li>Able to talk or drink?</li> <li>Any drooling</li> <li>History of foreign body (FB)</li> <li>Septic appearance</li> </ul>	<ul style="list-style-type: none"> <li>Foreign Body (FB)                             <ul style="list-style-type: none"> <li>acute onset</li> <li>choking episode</li> <li>lack of coryza, fever etc.</li> </ul> </li> <li>Epiglottitis and tracheitis                             <ul style="list-style-type: none"> <li>high fever</li> <li>systemically unwell</li> <li>unable to swallow saliva</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Incomplete immunisations (HiB)</li> <li>temperature &gt; 39°C</li> <li>age &lt; 6 months old</li> <li>any significant comorbidity (chronic lung disease, congenital heart disease, neuromuscular disorder, immunodeficiency)</li> <li>poor social circumstances</li> <li>parental anxieties</li> <li>communication difficulties</li> <li>longer distances to healthcare</li> <li>previous severe croup</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> <li>No recessions</li> <li>Saturations &gt;94%</li> <li>Normal air entry</li> </ul>	<ul style="list-style-type: none"> <li>Croupy (barking) cough</li> <li>Stridor when upset</li> <li>Breathing a bit faster than normal</li> <li>Mild recessions</li> <li>Saturations &gt;94%</li> <li>Decreased air entry</li> </ul>	<ul style="list-style-type: none"> <li>Stridor at rest</li> <li>Breathing very fast</li> <li>Drooling</li> <li>Grunting</li> <li>Severe recessions, looking tired or unable to talk</li> <li>Severely decreased air entry</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 urinated 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>Alert</li> <li>Can be soothed and is interested in surroundings</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>Agitated or confused (does not recognise you)</li> <li>Weak, high-pitched, or continuous cry</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li><a href="#">Wesley croup score</a> of &lt; 2</li> </ul>	<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>Risk factors present</li> </ul>	<ul style="list-style-type: none"> <li>Temperature less than 36°C in babies &lt; 3 months</li> <li>Temperature 38°C or more if baby is less than 3 months</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 Provide written and verbal advice, see our page on <a href="#">Croup</a>	Keep child and family calm Consider analgesia Dexamethasone 0.15mg/kg PO or Prednisolone 1mg/kg (Max 40mg) as stat dose Place in waiting room and review in 30 minutes* Provide written and verbal advice, see our page on <a href="#">Croup</a>  *If not possible - please refer to emergency care  Discuss with paediatrician if concerned	Keep child and family calm. Keep child upright in a comfortable position Consider analgesia Adrenaline neb (0.4ml/kg 1:1000 up to 5ml) if available Dexamethasone 0.15mg/kg PO or Prednisolone 1mg/kg (Max 40mg) as stat dose Oxygen as tolerated Stay with the child and ensure resuscitation kit available 999 transfer to ED and alert paediatrician  <span style="color: red;">Impending respiratory failure can develop regardless of the severity of symptoms. A child who appears to be deteriorating but whose stridor appears to be improving has worsening airways obstruction and is at high risk of complete airway occlusion.</span>

This guidance has been reviewed and adapted by healthcare professionals across West Yorkshire with consent from the Hampshire development groups