

Annex 2 Assessment & Management of a Child with Croup in General Practice

EXCLUSIONS: Not for management of children with pre-existing upper airway abnormalities.

DIAGNOSIS

The diagnosis of croup is clinical.

A diagnosis of croup is likely if a child presents with

- abrupt onset of barking cough, and
- inspiratory stridor, and
- hoarseness;

particularly if these symptoms are preceded by symptoms of a mild upper respiratory tract infection.

Consider diagnoses other than croup in a child with croup-like symptoms who also has any one of:

- expiratory wheeze or aphonia
- toxic appearance or high-grade fever
- drooling, difficulty swallowing, anxiety
- prolonged, or recurrent stridor
- poor response to treatment
- age less than 3 months.

ASSESSMENT OF DEGREE OF AIRWAY OBSTRUCTION

<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	<u>Life Threatening</u>
<ul style="list-style-type: none"> • Normal mental state • No stridor or only when distressed • No or subtle accessory muscle use, tracheal tug or chest wall retraction • Normal heart rate • Able to talk and/or feed 	<ul style="list-style-type: none"> • Anxious, tired • Stridor at rest • Minor accessory muscle use, tracheal tug or chest wall retraction • Increased heart rate • Some limitation of ability to talk and/or feed 	<ul style="list-style-type: none"> • Agitated, exhausted • Marked accessory muscle use, tracheal tug or chest wall retraction • Markedly increased heart rate • Increased respiratory rate • Too breathless to talk and/or feed • Extreme pallor • Low muscle tone 	<ul style="list-style-type: none"> • Confused, drowsy • Maximal accessory muscle use, tracheal tug or chest wall retraction or exhaustion • Poor respiratory effort • Silent chest • Cyanosis*

N.B. If patient has signs or symptoms across categories, always treat according to their most severe features.

Take special care with children who have relevant comorbidities or chronic illnesses, and consult appropriate specialist clinicians.

INITIAL TREATMENT

		SEND TO HOSPITAL BY AMBULANCE	SEND TO HOSPITAL BY AMBULANCE
<ul style="list-style-type: none"> • Consider oral prednisolone 1 mg/kg • Allow the child to adopt the position that they find most comfortable. • Provide parent information • Send home if stable or reassess after 1 hour if any concern 	<ul style="list-style-type: none"> • Oral prednisolone 1 mg/kg • Allow the child to adopt the position that they find most comfortable. • Provide parent information • Observe if facilities available at the surgery, or send to hospital • Reassess within 1 hour 	<ul style="list-style-type: none"> • Provide oxygen • Nebulised adrenaline - four 1ml vials (a total of 4mls) of 1:1000 solution. <ul style="list-style-type: none"> ◦ Do not dilute ◦ Drive nebulisation with oxygen where possible • Oral prednisolone 1 mg/kg OR IM dexamethasone 0.6 mg/kg • Allow the child to adopt the position that they find most comfortable. 	<ul style="list-style-type: none"> • Provide oxygen • Nebulised adrenaline - four 1ml vials (a total of 4mls) of 1:1000 solution. <ul style="list-style-type: none"> ◦ Do not dilute ◦ Drive nebulisation with oxygen where possible • Oral prednisolone 1 mg/kg OR IM dexamethasone 0.6 mg/kg • Allow the child to adopt the position that they find most comfortable.

RESPONSE TO TREATMENT

GOOD RESPONSE

- Send home when child has no signs of moderate or severe airway obstruction and is clinically well
- Provide patient information, including reasons to return

POOR RESPONSE

- **Send to hospital by ambulance**

* Decreased oxygen saturation is a late sign of severity. Oxygenation may be maintained even in severe croup.

SpO₂ < 92% is an indicator of increased severity however it is recognised that this form of assessment will not be available to most GPs.