

**Abbreviations (laboratory & radiology excluded):**

ED = Emergency Department  
ENT = Ear, Nose, and Throat  
LOC = Loss of consciousness  
PICU = Pediatric Intensive Care Unit  
UC = Urgent Care

**Inclusion Criteria:**

- Age 6 months to 6 years
- Principal diagnosis of croup

**Exclusion Criteria:**

- Toxic appearance
- Symptoms suggestive of an alternative diagnosis
- Known upper airway abnormality
- Hypotonia or neuromuscular disorder
- Complex medical co-morbidities

**Not Routinely Recommended:**

- Cool mist
- X-Ray
- ENT consult
- Viral testing
- Repeat dexamethasone

**Discharge Criteria:**

- No stridor at rest, tachypnea, intercostal retractions, or other signs of increased work of breathing
- Received one dose of dexamethasone and has been observed for at least 2 hours if racemic epinephrine has been administered
- No other indications for hospitalization
- The patient is able to return to the ED/UCC if symptoms return

**UC Considerations:**

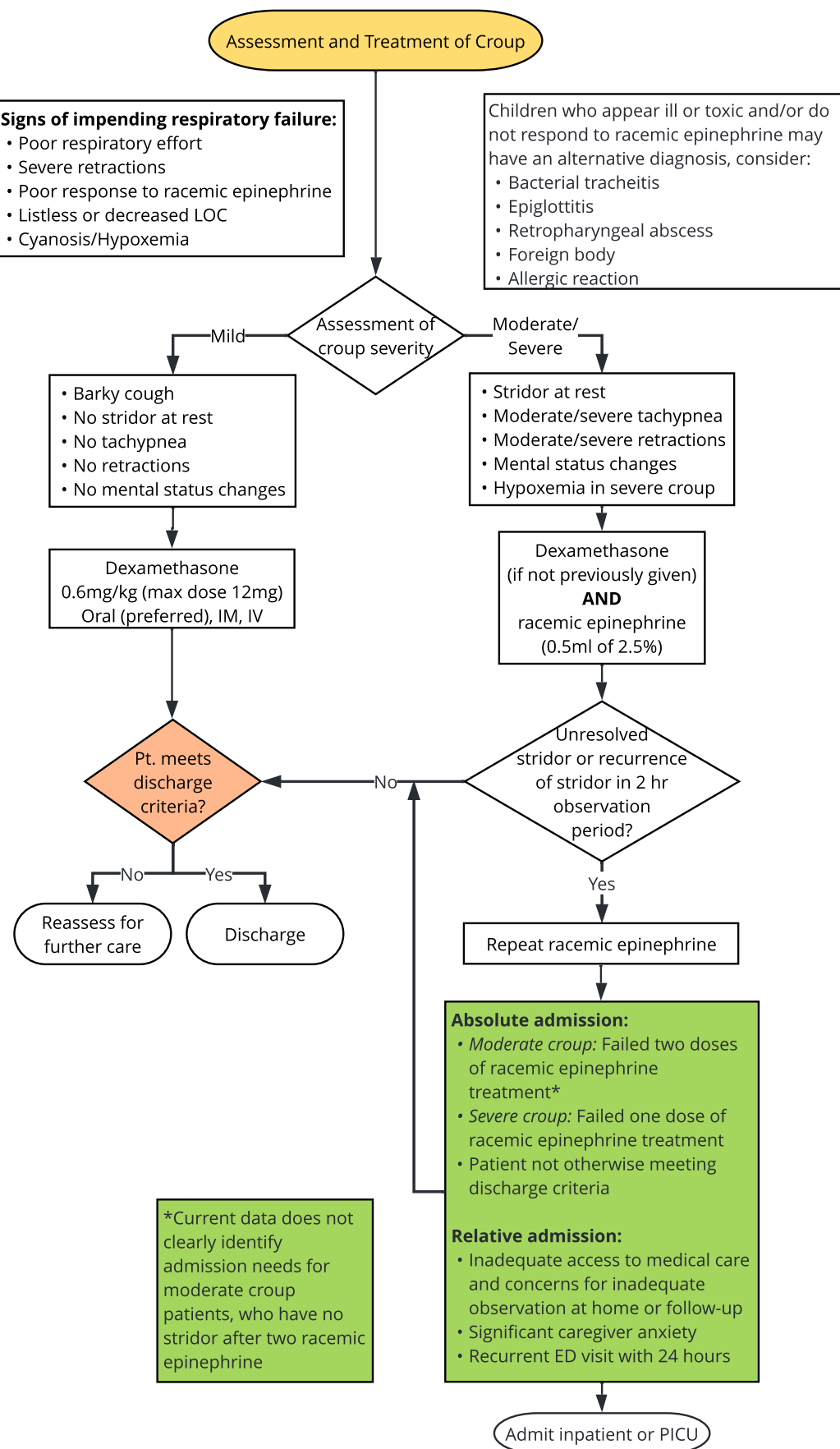
- Providers may need to consider transfer or admission prior to or shortly after a second racemic epinephrine treatment
- Consideration, for transfer, should be given to:
  - UC site pt volume
  - Need for transport
  - Prolonged length of stay

**Signs of impending respiratory failure:**

- Poor respiratory effort
- Severe retractions
- Poor response to racemic epinephrine
- Lethargic or decreased LOC
- Cyanosis/Hypoxemia

Children who appear ill or toxic and/or do not respond to racemic epinephrine may have an alternative diagnosis, consider:

- Bacterial tracheitis
- Epiglottitis
- Retropharyngeal abscess
- Foreign body
- Allergic reaction



\*Current data does not clearly identify admission needs for moderate croup patients, who have no stridor after two racemic epinephrine