

QR code for mobile access



Inclusion Criteria:

- Age 6 months to 6 years with presumed diagnosis of croup

Exclusion Criteria:

- Tracheostomy
- Vocal cord dysfunction

Special considerations for deviations from this CPM:

- Known upper airway abnormality
- Hypotonia or neuromuscular disorder
- Complex medical co-morbidities
- History of chronic steroid use

Not Routinely Recommended:

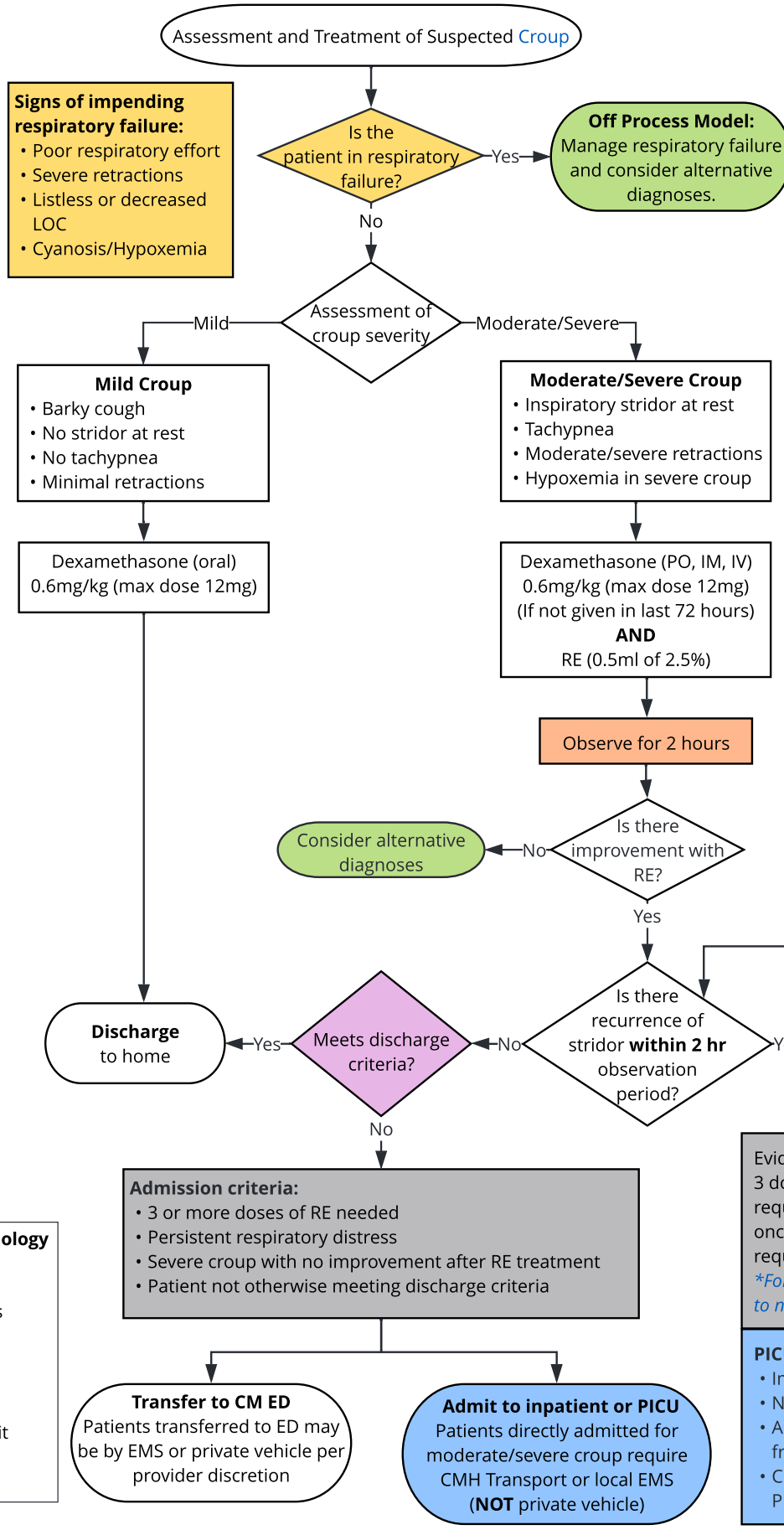
- Cool mist
- X-Ray
- Viral testing
- Repeat dexamethasone

Discharge Criteria:

- No stridor at rest
- No more than minimal tachypnea, retractions, or other signs of increased work of breathing
- Family has access to medical care

Abbreviations (laboratory & radiology excluded):

ED = Emergency Department
 EMS = Emergency Medical Services
 ENT = Ear, Nose, and Throat
 IM - Intramuscular
 IV - Intravenous
 LOC = Loss of Consciousness
 PICU = Pediatric Intensive Care Unit
 PO - by mouth
 RE = Racemic Epinephrine



Children with the following may have an alternative diagnosis:

- Biphasic or expiratory stridor
- Ill or toxic appearance
- Lack of response to RE
- Unvaccinated
- Recurrent visit for stridor within 24 hours

Alternative Diagnoses:

- Bacterial tracheitis
- Epiglottitis
- Retro-pharyngeal abscess
- Foreign body
- Anaphylaxis pathway
- Airway anomaly
- Mediastinal Chest Mass CPM

If patient is stable and not able to be observed for 2 hours after racemic epinephrine, (family preference, site closing, high volumes, etc) use shared decision making with family

Evidence suggests pts requiring < 3 doses of RE are less likely to require additional interventions once admitted than those requiring 3 or more doses of RE
 *For additional information, refer to new CAT

PICU admission criteria:

- Impending respiratory failure
- Need for Heliox
- Anticipated need for RE more frequently than q1hr
- Confirm potential transfer with PICU intensivist