



Croup Pathway

Suspected Croup

- Runny nose
- Barking cough
- Mild fever
- Stridor
- Difficulty breathing
- Difficulty feeding
- Sore throat & hoarse voice

Risk factors for severe disease

- History of severe obstruction
- History of severe croup
- Structural upper airways abnormality
- Age <6m
- Immunodeficiency
- Poor response to initial treatment
- Late evening or night time presentation

Do the symptoms and/or signs suggest an **immediately life threatening (high risk) illness?**

Consider differentials:
FB (acute onset, choking, no coryza)
Epiglottitis (high fever, drooling)

	Green – Low Risk	Amber – Intermediate Risk	Red – High Risk
Activity	<ul style="list-style-type: none"> • Responds normally to social cues • Content/smiles • Stays awake/awakens quickly • Strong normal cry 	<ul style="list-style-type: none"> • Altered response to social cues • No smile • Reduced activity 	<ul style="list-style-type: none"> • Not responding normally or no response to social cues • Unable to rouse or if roused does not stay awake • Weak, high pitched or continuous cry • Appears ill
Skin	<ul style="list-style-type: none"> • Normal skin colour • CRT <2 secs 	<ul style="list-style-type: none"> • Normal skin colour • Pallor reported by parent/carer • Cool peripheries 	<ul style="list-style-type: none"> • Pale, mottled, ashen • Cold extremities • CRT >3 secs
Respiratory	<ul style="list-style-type: none"> • No respiratory distress • <12m: RR <50bpm • 1-5y: RR <40bpm • O₂ Sats: ≥95% • No chest recessions • No nasal flaring 	<ul style="list-style-type: none"> • Tachypnoea • Moderate recessions • May have nasal flaring • <12m: RR 50-60bpm • 1-5y: RR 40-60bpm • O₂ Sats: 92-94% 	<ul style="list-style-type: none"> • Significant respiratory distress • Grunting • Apnoeas • Severe recessions • Nasal flaring • All ages: RR >60bpm • O₂ Sats: ≤ 92%
Cough	<ul style="list-style-type: none"> • Occasional barking cough. No stridor at rest 	<ul style="list-style-type: none"> • Stridor when distressed with barking cough 	<ul style="list-style-type: none"> • Stridor at rest with barking cough
Circulation	<ul style="list-style-type: none"> • Tolerating 75% of fluid • Occasional cough induced vomiting • Moist mucous membranes 	<ul style="list-style-type: none"> • 50-75% fluid intake over 3-4 feeds • Cough induced vomiting • Reduced urine output 	<ul style="list-style-type: none"> • 50% or less fluid intake over 2-3 feeds • Cough induced vomiting frequently • Significantly reduced urine output
		<ul style="list-style-type: none"> • Parental anxiety 	

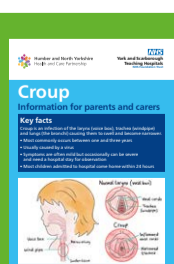
GREEN ACTION

- Reassure
- Dexamethasone 0.15mg/kg PO
- Prednisolone (1-2mg/kg) is an alternative

AMBER ACTION

- Keep family and child calm
- Dexamethasone 0.15mg/kg PO
- Prednisolone (1-2mg/kg) is an alternative
- Keep in waiting room for 30 mins

If you feel the child is ill, needs O₂ or struggling with hydration discuss with paediatrician on-call



- Provide information
- Confirm they understand

Improved

Same day review

Not improved

RED ACTION

- Refer immediately to emergency care or paediatric unit – consider 999
- Commence stabilisation treatment
- Consider high flow oxygen

AND