

Primary Care and Community Settings

Patient presents Barking cough Stridor Mild fever Coryza Miserable	COr sternal/in	Consider differential: FB (acute fever etc), Epiglottitis and trach unable to swallow saliva). Routi	eitis (high fever, s
Assessment	Green – Low Risk	Amber – Intermediate Risk	
Behaviour	 Alert barking cough without stridor or sternal/intercostal recession at rest 	 Alert barking cough with stridor and sternal recession at rest; no agitation or lethargy 	 Disoriente barking co sternal/int with agita
Sats	• >94% Pink	• >94% Pink	• <94% pal
Respiratory	 Stridor only when upset No recession Normal air entry 	 Stridor at rest Some recession Decreased air entry 	 Biphasic s threatenin Severe re Severely Leaning for breathing

Box 1			
Consider Differential Diagnosis:	Green Actions	Amber Actions	Rec
-	Reassure	Keep child and family calm	Call 999
 Bacterial Tracheitis 	Consider analgesia	Consider analgesia	While awaiting hospital t
 Epiglottitis 	Prescribe Dexamethasone 0.15mg/kg PO	Minimise intervention	- minimise intervention a
 Foreign body in upper airway 	Home with clear guidance and provide them with	Place child in carers lap	-give controlled supplem
 Retropharyngeal/peritonsillar abscess 	patient advice sheet	Provide a position of comfort	-Give a dose of oral Dex available
Angioneurotic oedemaAllergic reaction	Some children with mild illness may require admission – see box 1	Give Dexamethasone 0.15mg/kg PO if available*	- If the child is too unwe inhaled budesonide (2 m is an alternative, if availa
			Stay with child until amb

This guidance has been reviewed and adapted by healthcare professionals across HWE with consent from the Healthier Together Steering Group.

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer.



Call 999 Stay with the child Alert local paeds team

episode, lack of coryza, systemically unwell, of the throat not

Red – High Risk

ted or drowsy cough with stridor and ntercostal recession associated tation or lethargy ale or cyanosed

c stridormild (May be quiet if life ing) recession

y decreased air entry

forward to breathe (Tripod

g)



ed Actions

al transfer: as per moderate croup ementary oxygen examethasone (0.15 mg/kg) if

well to receive medication, mg nebulised as a single dose) ailable.

nbulance arrives

Hospital admission should also be considered for children with a respiratory rate of over 60 breaths/minute or who have a high fever or 'toxic' appearance.

Children with mild illness may require admission if they have factors that warrant a lower threshold for admission, such as:

- Chronic lung disease (including bronchopulmonary dysplasia).
- Haemodynamically significant congenital heart disease.
- Neuromuscular disorders.
- Immunodeficiency.
- Age under three months.
- Inadequate fluid intake (50 to 75% of usual volume, or no wet nappy for 12 hours).
- Factors that might affect a carer's ability to look after a child with croup, such as adverse social circumstances, or concerns about the skill and confidence of the carer in looking after a child with croup at home, or the carer being able to spot deteriorating symptoms.
- Longer distance to healthcare in case of deterioration

(APLS*)	Respiratory Rate at rest (b/min)	Heart Rate (b/min)
< 1 year	30 - 40	110 - 160
1 - 2 years	25 - 35	100 - 150
> 2 -5 years	25 - 30	95 - 140
5 - 12 years	20 - 25	80 - 120
Over 12	15 - 20	60 - 100

Advanced Paediatric Life Support The Practical Approach Fifth Edition Advanced Life Support Group Edited by Martin Samuels; Susan Wieteska Wiley-Blackwell / 2011 BMJ Books.

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