

**PEDIATRIC CROUP**  
**Emergency Management**

Weight (kg)
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Bulleted orders are initiated by default, unless crossed out and initialed by the physician / prescriber. Boxed orders () require physician / prescriber check mark () to be initiated.

**1. ALLERGIES:** See Allergy / ADR record

**2. MONITORING:**

- HR, RR, O<sub>2</sub> sat, BP, Temp on arrival
- Evaluate Respiratory Status on arrival (see scale below): \_\_\_\_\_
- Alert Physician if croup severity moderate or severe
- Minimize interventions as much possible
- Allow child to remain on parents lap as much as possible

**3. RESPIRATORY:**

- Titrate O<sub>2</sub> to keep SpO<sub>2</sub> greater than 92%
- Contact Physician and Respiratory Therapist if O<sub>2</sub> required

**4. INTRAVENOUS THERAPY AND HYDRATION**

- Encourage oral fluids
- D5W + sodium chloride 0.9% at \_\_\_\_\_ mL/h  
 Each liter of fluid above to contain:  0 mEq KCl/L **\*\*OR\*\***  20 mEq KCl/L

**5. TREATMENTS**

- ibuprofen** \_\_\_\_\_ **mg PO Q6H PRN** for fever and/or discomfort (**10 mg / kg / dose**)  
 (Maximum dose 40 mg/kg/day)
- acetaminophen** \_\_\_\_\_ **mg PO / PR Q4H PRN** for fever and/or discomfort (**15 mg / kg / dose**)  
 (Maximum dose 75 mg/kg/day)

<b>Croup Severity at Time of Initial Assessment</b>	
<b>Mild</b>	<b>No stridor or significant chest wall retractions at rest</b>
<b>Moderate</b>	<b>Stridor and chest wall retractions at rest without agitation</b>
<b>Severe</b>	<b>Stridor and retractions of the sternum associated with agitation or lethargy or O<sub>2</sub> saturation below 92%</b>

Date (dd/mm/yyyy) / /	Time	Physician Signature	Printed Name or College ID#
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### 6. CROUP MANAGEMENT

Tick croup severity to activate associated order set. Tick orders within that set to implement. Bulleted orders within an activated set to be routinely implemented.

Croup Severity	Order set
<input type="checkbox"/> Mild	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>dexamethasone</b> _____ <b>mg PO (0.6 mg / kg / dose) × 1 dose</b> (<i>Maximum dose 10 mg</i>)</li> <li><input type="checkbox"/> Arrange follow up with Pediatric Urgent Care Clinic (if no Family Physician)</li> <li>• Give IH Croup Parent Handout for discharge</li> </ul>
<input type="checkbox"/> Moderate	<ul style="list-style-type: none"> <li>• <b>dexamethasone</b> _____ <b>mg PO/IV/IM (0.6 mg / kg / dose) × 1 dose</b> (<i>Maximum dose 10 mg</i>)</li> <li><input type="checkbox"/> <b>EPINEphrine 1 mg / mL (1:1000 strength ampoule) 5 mg (5 mL) inhaled via nebulizer × 1 now then Q1H PRN for ongoing stridor or chest retractions</b></li> <li>• HR, RR, SpO<sub>2</sub>, Temp Q1H</li> <li>• Alert MRP if no response after first EPINEphrine dose</li> <li>• MRP to reassess prior to discharge</li> <li><input type="checkbox"/> Discharge home if no chest wall retractions and no stridor at rest after 3–4 hours following last EPINEphrine dose.</li> <li><input type="checkbox"/> Arrange follow up with Pediatric Urgent Care Clinic (if no Family Physician)</li> <li><input type="checkbox"/> Give IH Croup Parent Handout for discharge</li> <li>• Pediatric Consult for worsening symptoms or need for a second EPINEphrine dose</li> </ul>
<input type="checkbox"/> Severe	<ul style="list-style-type: none"> <li>• Contact Respiratory Therapist</li> <li>• Pediatric Consult</li> <li>• <b>dexamethasone</b> _____ <b>mg PO/IV/IM (0.6 mg / kg / dose) × 1 dose</b> (<i>Maximum dose 10 mg</i>)</li> <li>• <b>EPINEphrine 1 mg / mL (1:1000 strength ampoule) 5 mg (5 mL) inhaled via nebulizer × 1 now then Q20MINS PRN for ongoing stridor or chest retractions</b></li> <li>• HR, RR, SpO<sub>2</sub>, BP, Temp Q20MINS</li> <li>• Continuous SpO<sub>2</sub> Monitoring</li> <li>• Alert MRP if no response after first EPINEphrine dose</li> <li><input type="checkbox"/> Continuous Cardiac Monitoring</li> <li><input type="checkbox"/> ICU Consult</li> <li><input type="checkbox"/> Anesthesia Consult</li> <li><input type="checkbox"/> Contact PTN 1-866-233-2337, time called: _____</li> </ul>

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