Assessment and Management of Stridor / Respiratory Distress

Croup

Life Threatening Airway Obstruction?
1. Cyanosed
2. Decreased level of consciousness

Yes

- 100% oxygen
- Nebulised adrenaline [5mls 1:1000 undiluted in nebuliser]
- Urgently find most experienced person to intubate child if required
- NETS call (1300 36 2500)

No

• 100% oxygen
• Nebulised adrenaline [5mls 1:1000 undiluted in nebuliser]
• Urgently find most experienced person to intubate child if required
• NETS call (1300 36 2500)
• Inhalation induction for intubation is optimal
• Systemic corticosteroids should be given, after assistance with airway management has arrived

Alternative Diagnosis?
- Inhaled foreign body
- Congenital abnormality
- Epiglottis / trachitis

Mild Croup
• Barking cough
• Nil or intermittent stridor
• No cyanosis

Moderate Croup
• Persisting stridor at rest
• Some tracheal tug and chest wall recession
• Can be placated, interested in surroundings
• May have cyanosis

Corticosteroids
- Dexamethasone 0.3mg/kg or
- Prednisolone 1mg/kg [oral] or
- Nebulised Budesonide [2mg] If oral steroids not tolerated
- Observe > four hours

Severe Croup
• Persisting/soft stridor at rest
• Marked tracheal tug and chest wall recession
• Apathetic or restless/cyanosis
• Palpable paradox

Corticosteroids
- Dexamethasone 0.3mg/kg or
- Prednisolone 1mg/kg [oral] or
- Nebulised Budesonide [2mg] If oral steroids not tolerated
- Observe > four hours

Improvement

PARTIAL

Yes

- Discharge when no stridor at rest
- Explanation and fact sheet

No

- Admit/observe in Emergency Department
- Repeat oral steroids at 12 hrs
- Parental explanation and fact sheet
- Written follow-up plan with GP

Partial

Inform Consultant
• Reassess/review
• Nebulised Adrenaline [same dose as previous]
• Corticosteroids [same dose as previous]
• Liaise with NETS
• Admit
• Consider Intubation