

## CROUP

### **SIGNS & SYMPTOMS:**

1. Barking cough or hoarseness
2. Retractions
3. Inspiratory stridor
4. Respiratory distress
5. May be febrile
6. Typically occurs in children 6 Mo.-3 Yrs.
7. Mild expiratory wheezing may be present
8. Complete airway obstruction (Rare)

### **OBTAIN HISTORY OF:**

1. Present illness including onset
2. History, allergies and medications
3. Home treatments and response
4. Immunizations

### **PRECAUTIONS:**

1. A foreign body obstruction can cause stridor and should be considered.
2. Cardiopulmonary arrest can occur in patients who are not adequately monitored and managed.
3. An oxygen mask or cannula should not be forced on a child if it results in severe agitation. Provide oxygen by blow-by method.
4. Sudden onset of symptoms with high fever, no barky cough, dysphagia, drooling, anxious appearance and sitting in the sniffing position suggest epiglottitis.

### **BASIC LIFE SUPPORT CARE:**

1. Maintain an open airway and ensure proper ventilations. Apply oxygen. If needed, ventilate the child with a bag-valve-mask and supplemental oxygen.
2. Monitor vital signs including respiratory rate, oxygen saturation, pulse rate, blood pressure and temperature.
3. Avoid agitating the child.
4. Transport patient to appropriate facility

### **ADVANCED LIFE SUPPORT CARE:** In addition to above and as appropriate:

1. If unable to ventilate the child, consider intubation.
2. For children, administer 0.5 ml nebulized racemic epinephrine with 2 ml of saline.

### **SPECIAL NOTES:**

1. Impending respiratory failure is indicated by a change in mental status, pallor, dusky appearance, decreased retractions and decreased breath sounds with decreasing stridor.
2. Children with the following require transport by ambulance: persistent stridor, significant respiratory distress, the administration of racemic epinephrine and severe dehydration.