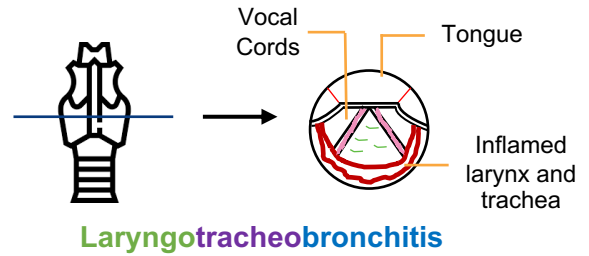


CAUSATIVE ORGANISMS



Parainfluenza (65%)

- Influenza A
- Influenza B
- Adenovirus
- RSV
- Metapneumovirus



Croup is a **clinical diagnosis**. Radiographs are not routinely recommended. The characteristic “steeple” sign is only present in 50% of cases with croup. The “steeple sign” can also be present in children without croup depending on their phase of respiration at the time of radiograph

TREATMENT AND MANAGEMENT

MILD



1 Dose of Oral Dexamethasone
0.6mg/kg



Discharge

Barky “Seal Like” Cough

Mild

Occasional

Moderate

Frequent

Severe

Frequent

Stridor

Minimal

At Rest

Prominent

Respiratory Distress

None

Indrawing

Severe Indrawing

Lethargy or Agitation

None

Limited

Substantial

MODERATE



1 Dose of Oral Dexamethasone
0.6mg/kg



Observe for 4 Hours



Improvement



Discharge



No Improvement



Consider Hospital Admission

CRITERIA FOR ADMISSION

If after **four hours** post steroids:

- Moderate Respiratory Distress
- Stridor at Rest
- Chest Wall Indrawing

SEVERE



1 Dose of Oral Dexamethasone
0.6mg/kg



Nebulized Epinephrine
L Epinephrine
1:1000 5mL



Poor Response



Repeat Epinephrine



Contact PICU



Good Response



Observe for 4 Hours



Improvement



Discharge



No Improvement



Consider Hospital Admission

In **severe cases**, **heliox** can be considered to reduce respiratory distress in children with severe croup.

