



Signs of Impending Airway Compromise

- Drooling
- Lethargy
- Tripod position
- Marked retractions
- Tachycardia
- Cyanosis or pallor
- Rapid progression of symptoms

NOTE: Use extra caution in children with airway anomalies or ANY history of prior intubation.

Important Supportive Measures

1. Keep child upright or in position of comfort.
2. Turn lights down and minimize unpleasant interventions.
3. May take child outside for cool air.
4. Minimize invasive measures – keep child CALM!
5. **DO NOT** give albuterol; this can worsen croup.

In Village

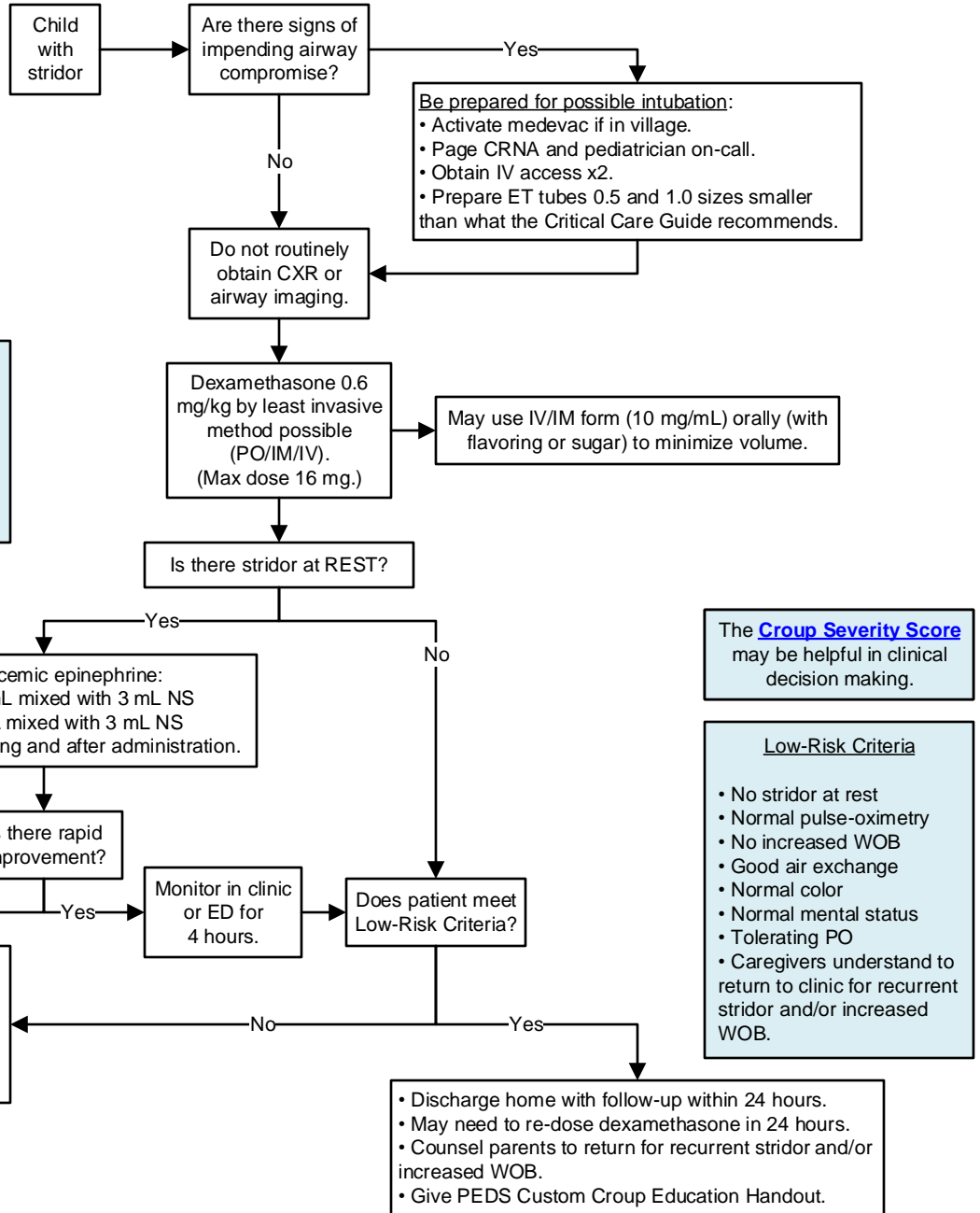
If no racemic epinephrine available, mix 0.5 mL/kg of 1 mg/mL (1:1000) epinephrine (max dose 5 mL) with 1 bullet of NS and give via nebulizer.

- If in village, bring to Bethel by fastest means possible.
- Consider repeating racemic epinephrine with CRM, budesonide neb, transfer, etc.
- Consult PICU if considering intubation.
- Consider alternate diagnoses (see DDx box).

DDx Stridor

- Croup (most common in ages 6 months to 3 years)
- Foreign body
- Tracheomalacia
- Angioedema
- Tracheitis
- Epiglottitis
- Abscess

Note: if prolonged symptoms (>3-5 days without any improvement), consider diagnosis other than croup.



The **Croup Severity Score** may be helpful in clinical decision making.

- Low-Risk Criteria
- No stridor at rest
  - Normal pulse-oximetry
  - No increased WOB
  - Good air exchange
  - Normal color
  - Normal mental status
  - Tolerating PO
  - Caregivers understand to return to clinic for recurrent stridor and/or increased WOB.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner. Approved by MSEC 8/3/21. Click [here](#) to see the supplemental resources for this guideline. If comments about this guideline, please contact [Leslie\\_Herrmann@ykhc.org](mailto:Leslie_Herrmann@ykhc.org).