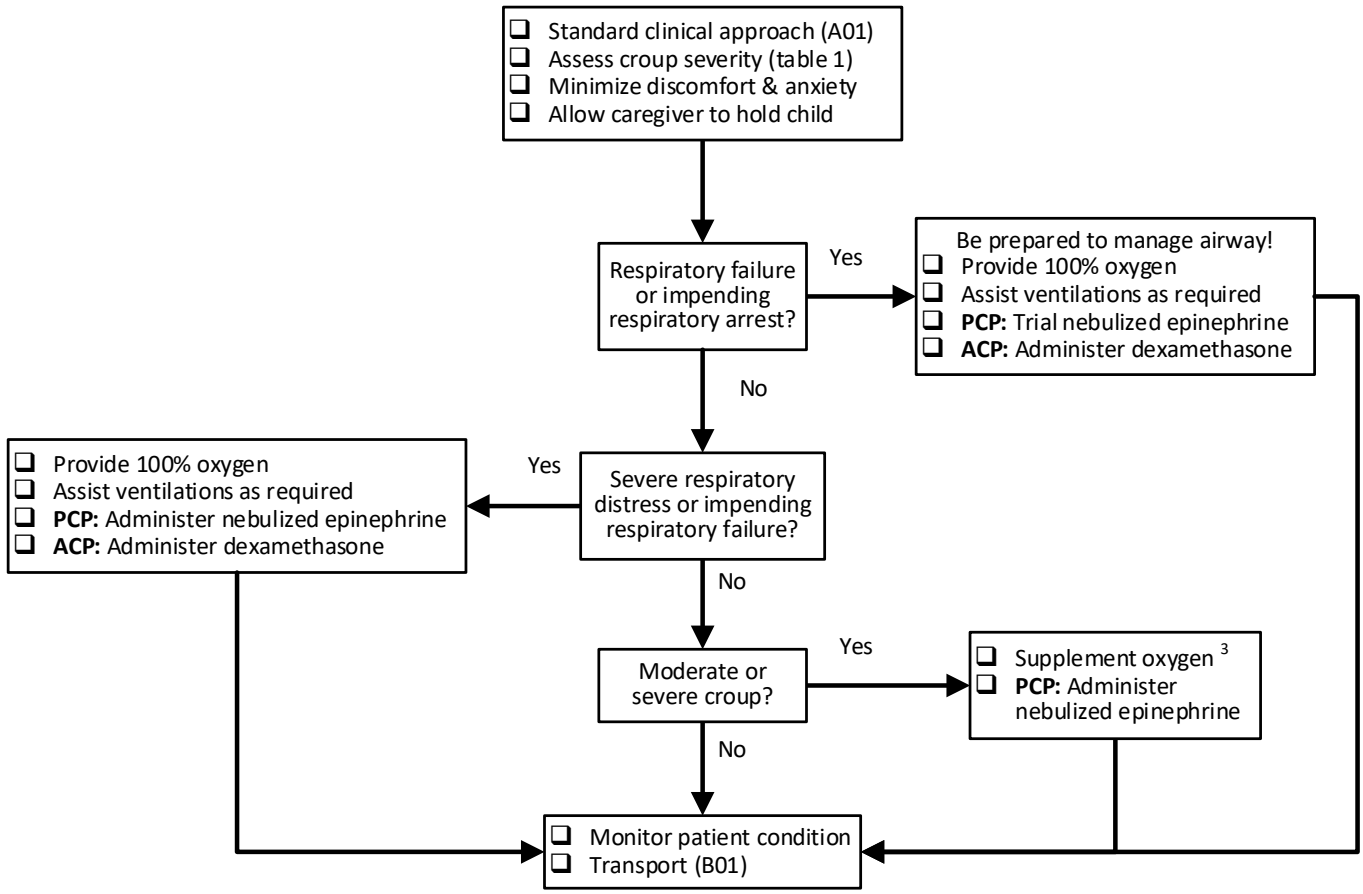
Shared health Soins communs Manitoba	E01 - CROUP (UP TO 6 YEARS)	
	Version date: 2025-03-25	Effective date: 2025-04-30 (07:00)

PCP = PCP - ACP | ICP = ICP & ACP | ACP = ACP only | None = EMR to ACP



VECTRS / OLMS: (204) 949-4000

TABLE 1	LOC	COUGH	STRIDOR	AIR ENTRY	RETRACTIONS	CYANOSIS
MILD	Normal	Occasional	None	Normal	None	None
MODERATE	Normal	Frequent	Mild [1]	Normal	Mild	None
SEVERE	Agitated	Decreased	Severe	Decreased	Severe	None
RESP FAILURE	Decreased	Decreased	Decreased [2]	Decreased [2]	Decreased [2]	Present

INDICATIONS
• Any infant or child with known or suspected croup

WARNINGS
CONTRAINDICATIONS: • Stridor known or suspected to be due to epiglottitis, angioedema, or a foreign body airway obstruction (FBAO)

NOTES
1. In infants and small children, stridor and retractions may be minimal at rest, but increased with exertion or agitation as increased airflow turbulence will worsen upper airway resistance. 2. Clinical signs of croup may decrease as airway obstruction worsens and airflow decreases. Stridor may become less audible and retractions may decrease due to weakening of respiratory effort (table 1). 3. If supplemental oxygen is required, have a parent or caregiver administer it by holding the open end of the O_2 tubing close by the baby's mouth and nose. Target an SpO_2 of 92 to 98 percent. 4. Medication administration by nebulization is an aerosol generating medical procedure. Appropriate personnel protective equipment (PPE) is required (A09).

LINKS
• A01 - Standard Clinical Approach • B01 - Standard Destination & Redirection • A09 - Aerosol Generating Medical Procedures • M05 - Epinephrine • M13.2 - Dexamethasone

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X05 for change tracking)
• Addition of advanced work (ACP) scope identifier • Addition of dexamethasone at ACP level • Revised notes & simplified algorithm for greater clarity & ease of use