

# MANAGING PEDIATRIC RESPIRATORY PRESENTATIONS: EMERGENCY DEPARTMENT \*\*CROUP

Screen, isolate and treat based off symptoms while waiting for COVID swab results.

Diagnosis	Vital Signs	General Orders	Ongoing Care/Interventions	Other
<p><b>Croup</b></p>	<p>Epinephrine MDI to be administered if Westley Croup Score (WCS) of greater than 10 (or 5-9 with agitation), otherwise consider Dexamethasone alone.</p> <p>Pre &amp; post-epinephrine treatments</p> <ul style="list-style-type: none"> <li>WCS and baseline VS prior to epinephrine treatment</li> <li>WCS with VS 10 mins and 30 mins post-epinephrine treatment</li> </ul>	<p><u>MEDICATIONS:</u></p> <ul style="list-style-type: none"> <li>Dexamethasone PO [0.6 mg/kg/dose – max 10 mg]</li> <li>Primatene epinephrine [125 mcg/puff] MDI [ &lt; 1 year – 2 puffs; ≥ 1 year – 5 puffs] - <i>approved by Health Canada Special Access Program</i> <b>OR</b></li> <li>Epinephrine [0.5 mg/kg/dose – max 5 mg] nebulized face mask <i>(low volume doses must be mixed with 0.9% NaCl to make a total of 4ml of volume)</i></li> </ul> <p><u>OTHER ORDERS:</u></p> <ul style="list-style-type: none"> <li>Cool mist humidification (cold pot) for severe croup – variable evidence</li> <li>Xray – assess for steeple sign, rule out foreign body</li> <li><b>Isolation: Droplet/Contact, plus Airborne if AGMP occurring</b></li> </ul>	<p><u>MONITORING</u></p> <ul style="list-style-type: none"> <li>Try to keep patient calm to reduce increased upper airway swelling</li> <li>Assess for respiratory distress, increased WOB, audible stridor</li> <li>Use appropriate flow of oxygen to maintain oxygen saturations</li> <li>If patient on oxygen therapy, requires room air trial</li> <li>Consider nasopharyngeal swab for COVID, RSV, RV16 or ALLPLEX- dependent on patient symptoms</li> </ul>	<p><u>DISCHARGE CRITERIA</u></p> <ul style="list-style-type: none"> <li>No audible stridor at rest</li> <li>No increased work of breathing</li> <li>Maintaining SpO2 without O2 therapy</li> <li>Tolerating PO steroid</li> <li>Caregiver education of respiratory distress and when to return to UC/ED</li> </ul>