



**Pediatric Specific:
CROUP:
Medical Protocol**

Patient Care Goals:

1. To alleviate respiratory distress
2. To promptly identify respiratory distress, failure, and/or arrest, and intervene for patients who require escalation of therapy
3. To deliver appropriate therapy by differentiating other causes of pediatric respiratory distress

Patient Presentation:

Inclusion Criteria
Suspected Croup (history of stridor or history of barking cough); setting of URI; Boys > Girls; 3 to 36 months most common but can occur in older groups.

Exclusion Criteria
Presumed underlying cause that includes one of the following:

1. Anaphylaxis
2. Asthma
3. Bronchiolitis (wheezing <2 years of age)
4. Foreign body aspiration
5. Submersion/drowning

Use of nebulized epinephrine or dexamethasone:
Croup Severity Score \geq (4)

Nebulized Epinephrine:
2.5 mg (2.5 ml) of epinephrine ONE-to- ONE-thousand nebulized

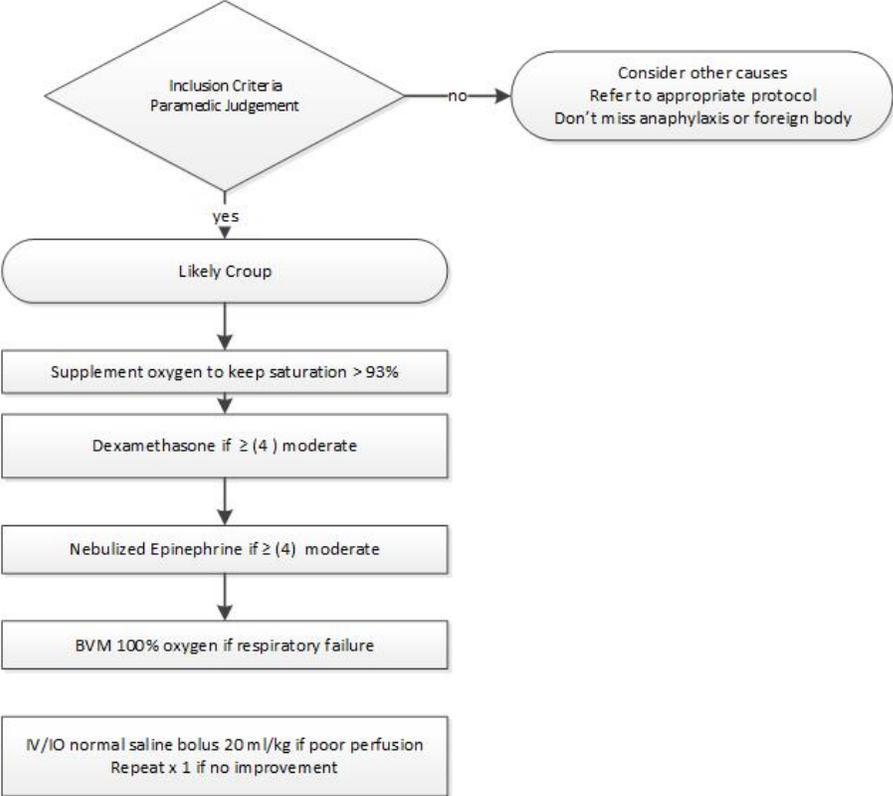
Dexamethasone
0.5 mg/kg oral, IV, or IM to max dose of 16 mg

Quality Improvement:

Key Documentation Elements

1. Respiratory rate
2. Oxygen saturation
3. Use of accessory muscles
4. Breath sounds
5. Air entry
6. Mental status
7. Color
8. Croup Severity Score

Patient Safety Considerations
Routine use of lights and sirens is not recommended during transport unless severe or refractory to EMS interventions



****Croup Severity Score on next page****



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Modified Croup Severity Score (4 is moderate croup severity)

Level of Consciousness	
Normal	0
Disoriented	5
Cyanosis	
None	0
With Agitation	4
At Rest	5
Stridor	
None	0
With Agitation	1
At Rest	2
Air Entry	
Normal	0
Decreased	1
Markedly Decreased	2
Retractions	
None	0
Mild	1
Moderate	2
Severe	3