Stridor/ Croup

Suspect Epiglottis: (2-4 yrs old, not immunized, high fever, rapid onset of symptoms, drooling, toxic appearance)

1. Blow by O2
2. Prepare anesthesia and operating room (call anesthesiologist and ENT or surgeon)
3. Do not distress child. If moderate or low suspicion, obtain portable lateral neck x-ray. Have emergent and difficult airway box at bed side.
4. Do not administer medications. Keep child NPO.
5. If patient develops respiratory failure, proceed with resuscitation and ventilation (bag ventilation/ intubation if possible)

If Epiglottitis Doubtful- Suspect Croup:

1. **Cool humidified O2 blow by** (more for the parent then the child)

2. **Nebulized epinephrine: Recommend starting on a child with stridor at rest and recommended observation for at least 2hrs.**
   - **Racemic Epinephrine (2.25%): 0.05 cc/kg/dose (max 0.5cc/dose) in 3cc NS over 15 minutes. If repeat dose required, admit to the hospital**.
     1. **<6months: 0.25cc**
     2. **>6months: 0.5cc**
   - Epinephrine: If no respiratory therapist available, alternative to using racemic epinephrine is using regular epinephrine. (0.5cc/kg of 1:1000 epi in 3cc NS). Maximum dose 2.5cc for < 4yr old and Maximum dose of 5cc for >4yrs old.

3. **Decadron (Dexamethasone) 0.6 mg/kg IM, PO or IV** if tolerated.
   - Moderate to Severe Croup: Decadron preferred because it takes effect in about 1 hour, peak effect in 4-6 hrs, and last about 36hrs. Maximum dose 16mg/ 24hrs.
   - Mild croup- alternative include Prelone/ Oripred or prednisone dosed at 2mg/kg to a maximum of 60 mg once daily.

4. **Respiratory Failure:** Prepare for difficult airway, may need smaller than usual for age ET tubes (1/2 to 1 size smaller).