

Name \_\_\_\_\_  
 MRN \_\_\_\_\_

**Triage:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Presenting Problem:** \_\_\_\_\_

**Priority:** \_\_\_\_\_ **Area:** \_\_\_\_\_ **Interpreter Required:** \_\_\_\_\_

**Triager Name (print):** \_\_\_\_\_ **Triager Name (signature)** \_\_\_\_\_

**Any child with stridor, fever, toxic appearance and no cough is to be seen immediately by Senior**

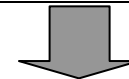
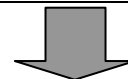
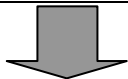
**Doctor/Staff Specialist to rule out Epiglottitis or Tracheitis.** If seen tick  Signed: \_\_\_\_\_ Time: \_\_\_\_\_

**INITIAL ASSESSMENT** (tick the feature)

**Weight:** \_\_\_\_\_

SIGNS/ SYMPTOMS	MILD	MODERATE	SEVERE
Barking cough and.....			<b>If any one of first four signs/symptoms are present = "severe"</b>
Central cyanosis	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes or extreme pallor
Level of consciousness	<input type="checkbox"/> Normal	<input type="checkbox"/> Can be placated, interested in surroundings	<input type="checkbox"/> Apathetic or restless
Pulse Rate	<input type="checkbox"/> Normal range for age	<input type="checkbox"/> Tachycardia	<input type="checkbox"/> Extreme tachycardia or bradycardia
Use of accessory muscles or tracheal tug	<input type="checkbox"/> Nil to minimal	<input type="checkbox"/> Minimal to moderate	<input type="checkbox"/> Moderate to excessive
Inspiratory Stridor	<input type="checkbox"/> Nil or intermittent	<input type="checkbox"/> Intermittent or persisting, at rest and no other features = "moderate"	<input type="checkbox"/> Persisting, at rest

**INITIAL MANAGEMENT**



	MILD	MODERATE	SEVERE
<b>Risk Factors:</b> <ul style="list-style-type: none"> <li>Age &lt; 6 months</li> <li>Pre-existing airway disease/abnormalities</li> <li>History of severe croup</li> <li>Stridor at rest in daylight hours</li> <li>Poor parental understanding of illness</li> <li>Social eg: no phone or transport</li> </ul>	No specific treatment unless a previous history of severe croup then consider an oral dose of Dexamethasone/prednisolone  <b>**If fits into 'risk factors for more severe disease' criteria, reconsider</b>	<ul style="list-style-type: none"> <li>Nebulised budesonide (2mg) <b>and</b> Dexamethasone 0.15 - 0.3 mg/kg (oral) <b>or</b> prednisolone 1mg/kg (oral)</li> <li>Observe for &gt; 4 hours</li> </ul>	Do not disturb child unnecessarily Give 100% oxygen via an appropriate sized face mask and monitor vital signs Give nebulised adrenaline 5mls 1:1,000 undiluted in the nebuliser with oxygen (may repeat within 15 minutes). <b>If no improvement inform Paediatrician.</b> Monitor vital signs continuously
	Parental explanation Discharge home with croup fact sheet	<b>If Marked Improvement after 4hrs: → Discharge</b> <ul style="list-style-type: none"> <li>If no risk factors (see box)</li> <li>When no stridor at rest</li> <li>Provide parental explanation</li> <li>Give croup fact sheet</li> </ul>	<ul style="list-style-type: none"> <li>Dexamethasone 0.15 - 0.3 mg/kg (IV or IM) <b>or</b> Prednisolone 1mg/kg (oral)</li> <li>Budesonide 2mg (4mls neat nebulised)</li> <li>Reassess/review/ICU consult</li> <li>Consider intubation</li> <li>Admit</li> <li>Inform Consultant</li> </ul>
	<b>**Consider admission if risk factors (see box) for more severe disease exist</b>	<b>If Partial Improvement after 4 hrs: → Admit for</b> <ul style="list-style-type: none"> <li>Repeat oral steroids at 12 hours</li> <li>Provide parental explanation</li> <li>Give croup fact sheet</li> <li>Written follow-up plan with GP</li> </ul>	

**Other Considerations:** Oral medication may be needed for fever/throat pain

**Doctor Name (print)** \_\_\_\_\_ **Doctor Name (signature)** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_