

CROUPY CHILD: - 1 YEAR TO UNDER 6 YEARS

REFERRAL FROM ED OR CHILDREN'S CLINICAL DECISION AREA (CCDA) INTO THE CHILDREN'S AMBULATORY CARE EXPERIENCE (ACE) SERVICE

Child presenting with croupy symptoms who requires clinical review (s) (for up to 3 days) after initial assessment but not a hospital admission. The child should have parameters within the range below and be able to manage 4 hours without clinical assessment and have 1. No drooling 2. No resting stridor and 3. No grunting

Mild to Moderate

Sats in air	>95%
Heart Rate	12-24 months 100-150 2 to under 6 years 95-140
Respiratory Rate	12-24 months 25-35 2 to under 6 years 25-30
Auscultation	Good air entry, with or without some wheeze) no resting stridor
Verbal Child	Able to complete sentences
Work of Breathing	Mild suprasternal, intercostal recession/ no recessions
Conscious Level	Normal

Additional input given at home visit by ACE team:

- Support with oral fluids
- Monitoring effectiveness of treatment
- Identifying deterioration
- Parental confidence building
- Education in managing future episodes
- Smoking cessation advice

Call children's ACE service on 01274 27 3354

Be prepared to convey information required on referral pro-forma including pulse, respiratory rate, temperature, oxygen saturations and Westley croup score

Ensure you have prescribed 2 doses of dexamethasone 0.15mg/kg (up to 10mg). The first dose is to be given as an oral solution and taken in hospital as soon as possible. The second dose is to be ordered on the discharge prescription to take home (as tablets). Administration of this dose will be advised in 24 hours if indicated by the ACE team

Ensure parent/guardian has:

1. A copy of children's ACE service information leaflet.
2. Verbal safety-net advice
3. Consented to share information with ACE

Allow the child home to await contact from children's ACE service. Contact will be made within 2 hours of initial referral.

Exclusions:

Child:

Under 1 year or 6 years and over.

- Known to have an abnormal upper airway
- PMhx of severe and rapidly progressing croup (requiring nebulised adrenaline or PICU)
- History of inhaled foreign body.
- History of Anaphylaxis.
- History of brittle asthma i.e. history of sudden, severe, life threatening attacks
- Previous PICU admissions due to respiratory illness.
- History of Neuromuscular or Metabolic disease.