### CROUPY CHILD - 1 YEAR (or >10kg)TO UNDER 6 YEARS.

Referral from primary care into the Children's ambulatory care experience (ACE) service



Child presenting with croupy symptoms who requires clinical review (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.

Mild to Moderate

12-23 months 96 -145

2-3 years 81-140

2-3 years 19-38

4-6 years 15-28

4- 6 years - 71-120

12-23 months 23-48

Good air entry, with or

without some wheeze

recession/no recession.

Able to compete sentences

Mild suprasternal, intercostal

≥95%

Saturations in Air

Heart rate

**Verbal Child** 

Work of breathing

Conscious level



# Call children's ACE service on 01274 27 3354

Be prepared to convey information required on referral pro-forma including observations.



Ensure you have prescribed two doses of steroid [Nice guidelines recommend dexamethasone] first dose dexamethasone to be taken as soon as possible. A repeat dose may be required in 24 hours after review by the ACE nurse. Alternative 2 day course prednisolone can be given 1mg/kg (max 40mg)



#### 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



## Additional input given at home visit by ACE team:

Normal

No grunting

No resting stridor

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

Smoking cessation advice



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

#### **Exclusions**

- Child who is drooling excessively
- Known to have an abnormal upper airway
- PMhx of sever and rapidly progressing croup (requiring nebulised adrenaline or PICU
- History/suspected inhaled foreign body
- History of anaphylaxis
- History of brittle asthma i.e history of sudden, sever, life threatening attacks
- Previous PICU admission due to respiratory illness
- History/suspicion of neuromuscular or metabolic disease
- Child is outside the age range for pathway

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