

Croup Algorithm: Emergency Department

*Patient ≥ 3 months presents with barking cough, noisy breathing, hoarse voice, stridor, or other complaint suggestive of croup

**If less than 3 months, consider alternative diagnosis. May follow pathway if clinical concern for croup.*

Consider foreign body aspiration if presentation does not fit infectious croup.

Patient is placed in lobby to await triage or walkback directly to triage.

Difficult to arouse, cyanosis, SaO₂ < 92% on RA

Patient brought to STS/Big Room

Patient is reassessed

Care per STS/Big Room – Racemic Epinephrine and Dexamethasone if croup

Patient is roomed

Assessment performed by RN

Patient is seen by prescribing provider

Calm (if necessary), treat fever, give pain meds, and reassess if stridor due to crying/upset

Does patient have stridor at rest with suprasternal retractions?

Is patient stable to be roomed?

Consider Critical Airway/PICU consult if indicated

Dexamethasone given

Racemic epinephrine + Dexamethasone given

Recurrence of stridor at rest, with retractions, during 2 hr observation?

Shared decision making with family about repeat racemic epi with 2 hour observation vs. admission

****Discharge Criteria:**
 -Comfortable respirations without suprasternal retractions when calm and afebrile
 -Tolerating PO
 -Family comfortable with care
 -Discharge order can be entered after initial assessment if no stridor + suprasternal retractions

Patient given discharge papers and discharged

Does patient meet **discharge criteria?

Admit