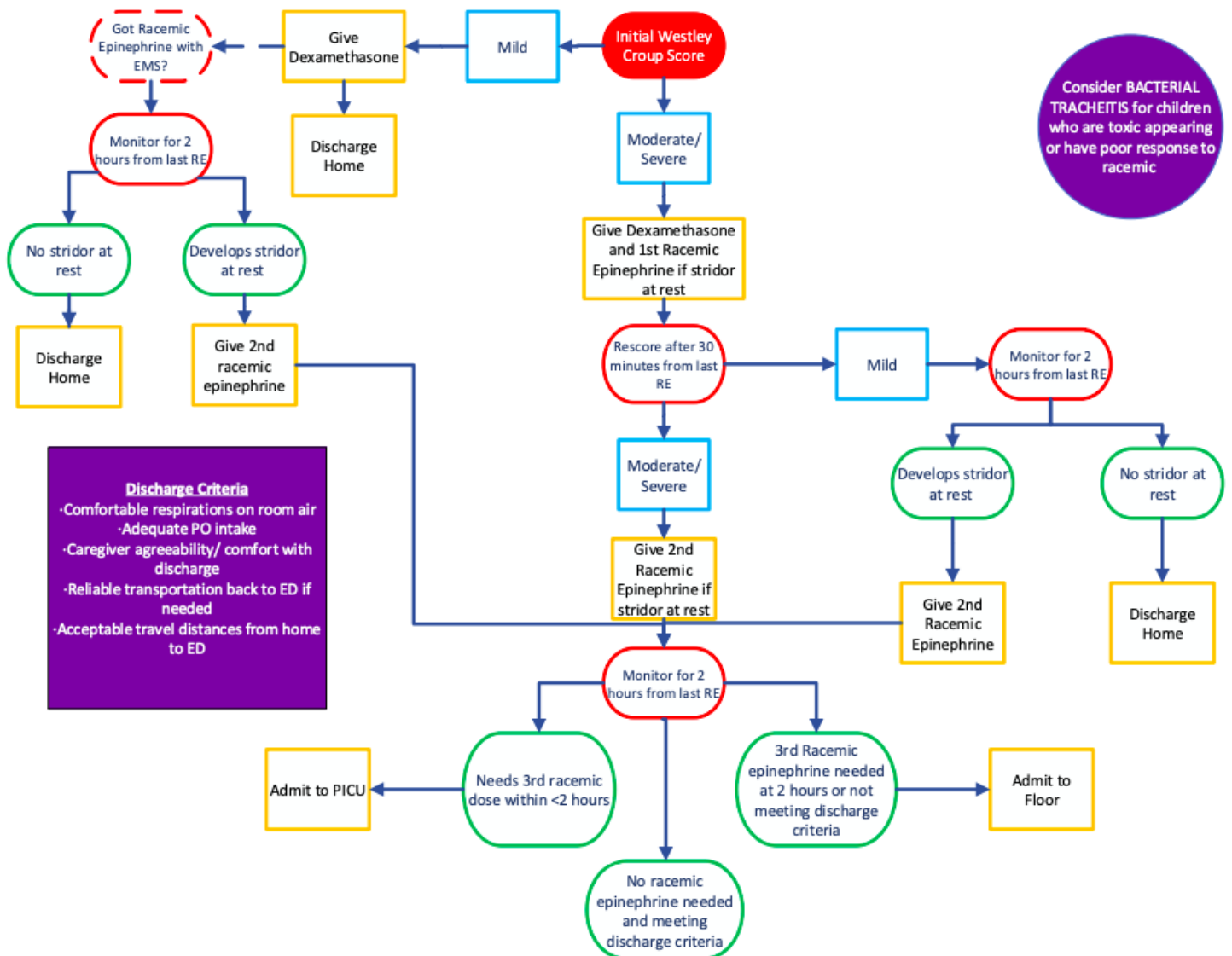




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Croup Management



Westley Score			
Stridor	Score	Cyanosis	Score
None	0	None	0
Audible with stethoscope (at rest)	1	With agitation	4
Audible without stethoscope (at rest)	2	At rest	5
Retractions	Score	Level of Consciousness	Score
None	0	Normal	0
Mild	1	Altered	5
Moderate	2	Croup Severity	Total Score
Severe	3		
Air Entry	Score	Mild Croup	≤2
Normal	0	Moderate Croup	3-5
Decreased	1	Severe Croup	6-11
Severely Decreased	2	Impending respiratory failure	12+

•Dexamethasone dosing:

- One time dose of 0.6mg/kg
- Maximum dose 10mg
- Recommended to give IV formulation via PO (higher concentration = less volume)
- 0.15 mg/kg has been found to be equally effective and could be considered in mild croup

Racemic Epinephrine (RE) dosing:

- Administer via high flow nebulizer; 2.25%, 0.5mL in 2.5mL saline
- Maximum frequency q20min

Inclusion Criteria:

- 6 months – 6 years old
- Otherwise well appearing
- Clinical diagnosis of croup

Exclusion Criteria:

- Known upper airway deformity or recent intubation/instrumentation of upper airway
- Toxic appearing
- Immunocompromised / Unvaccinated
- Asymmetric lung exam
- Congenital heart disease, neuromuscular disease, chronic lung disease



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Racemic Epinephrine Dosing:

- Kelley PB, Simon JE. Racemic epinephrine use in croup and disposition. *Am J Emerg Med*. 1992 May;10(3):181-3. doi: 10.1016/0735-6757(92)90204-B. PMID: 1375027.
- Ledwith CA, Shea LM, Mauro RD. Safety and efficacy of nebulized racemic epinephrine in conjunction with oral dexamethasone and mist in the outpatient treatment of croup. *Ann Emerg Med*. 1995 Mar;25(3):331-7. doi: 10.1016/s0196-0644(95)70290-3. PMID: 7864472.