### Diagnosis: Croup

- **Symptoms:**
  - Epinephrine MDI to be administered if Westley Croup Score (WCS) of greater than 10 (or 5-9 with agitation), otherwise consider Dexamethasone alone.

- **Pre & post-epinephrine treatments:**
  - WCS and baseline VS prior to epinephrine treatment
  - WCS with VS 10 mins and 30 mins post-epinephrine treatment

- **Medications:**
  - **Dexamethasone PO**: [0.6 mg/kg/dose – max 10 mg]
  - **Primatene epinephrine**: [125 mcg/puff] MDI [< 1 year – 2 puffs; ≥ 1 year – 5 puffs] - approved by Health Canada Special Access Program OR
  - Epinephrine [0.5 mg/kg/dose – max 5 mg] nebulized face mask (low volume doses must be mixed with 0.9% NaCl to make a total of 4ml of volume)

- **Other orders:**
  - Cool mist humidification (cold pot) for severe croup – variable evidence
  - Xray – assess for steeple sign, rule out foreign body
  - **Isolation**: Droplet/Contact, plus Airborne if AGMP occurring

- **Monitoring:**
  - Try to keep patient calm to reduce increased upper airway swelling
  - Assess for respiratory distress, increased WOB, audible stridor
  - Use appropriate flow of oxygen to maintain oxygen saturations
  - If patient on oxygen therapy, requires room air trial
  - Consider nasopharyngeal swab for COVID, RSV, RV16 or ALLPLEX-dependent on patient symptoms

- **Discharge criteria:**
  - No audible stridor at rest
  - No increased work of breathing
  - Maintaining SpO2 without O2 therapy
  - Tolerating PO steroid
  - Caregiver education of respiratory distress and when to return to UC/ED

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Screen, isolate and treat based off symptoms while waiting for COVID swab results.