McLaren
CENTRAL MICHIGAN

CROUP

ANTIBIOTIC STEWARDSHIP: AS THE PATHOLOGY OF CROUP IS GENERALLY VIRAL, ANTIBIOTICS SHOULD BE AVOIDED, AND STEROIDS SHOULD BE LIMITED TO A SINGLE DOSE. EXTENDED STEROID COURSES HAVE BEEN ASSOCIATED WITH

Severity	Description	Management
Mild	**Occasional barky cough, no stridor at rest, mild or no restrictions**	**- Antipyretics, mist, oral fluids** **- Dexamethasone 0.6mg/kg by mouth once (max 10mg/dose)**
Moderate	**Frequent barky cough, stridor at rest, mild to moderate retractions**	**- Epinephrine 2.25%, 0.05mL/kg in 3 mL NS by nebulizer (max 0.5mL/dose). Can repeat if needed in 2-4 hours** **And** **- Dexamethasone 0.6mg/kg by mouth once (max 10mg/dose)**
Severe	**Frequent barky cough, stridor at rest, marked retractions**	**- Epinephrine 2.25%, 0.05mL/kg in 3 mL NS by nebulizer (max 0.5mL/dose). Can repeat if needed in 30-60 minutes** **And** **- Dexamethasone 0.6mg/kg by mouth once (max 10mg/dose)**
Impending Resp. Failure	**Depressed level of consciousness, stridor at rest, severe retractions**	**- Epinephrine 2.25%, 0.05mL/kg in 3 mL NS by nebulizer (max 0.5mL/dose). Can repeat as needed** **And** **- Dexamethasone 0.6mg/kg by mouth once (max 10mg/dose)** **And** **- Admit to the ICU**

Smith DK, McDermott AJ, Sullivan JF. Croup: Diagnosis and Management. *American Family Physician*. 2018;97(9):575-580. https://www.aafp.org/pubs/afp/issues/2018/0501/p575.html

Outpatient Croup Care Guideline Severity Mild. https://www.choc.org/wp/wp-content/uploads/2015/09/CroupCareGuidelinesOP-ED-IP.pdf

Shulman ST, Bisno AL, Clegg HW, et al. Clinical Practice Guideline for the Diagnosis and Management of Group A Streptococcal Pharyngitis: 2012 Update by the Infectious Diseases Society of America. *Clinical Infectious Diseases*. 2012;55(10):e86-e102. doi:https://doi.org/10.1093/cid/cis629