

Southeast Michigan Regional Protocol
Pediatric Treatment Protocols
CROUP

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Croup

Pre-Medical Control:

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow the **Pediatric Assessment and Treatment Protocol**.
 - A. Do not increase respiratory distress; keep the patient calm. Transport in an upright seated position.
 - B. Apply the highest concentration of oxygen that the patient will tolerate.
 - C. Refer to **Emergency Airway Procedure 5-11** and **Pediatric Respiratory Distress, Failure or Arrest Protocol 3-11** if signs of respiratory failure or arrest are present or if foreign body airway obstruction is suspected.
2. Croup typically presents with a seal-like cough.
3. Mild croup does not require pre-hospital medication.
4. Signs and symptoms of moderate to severe croup include inspiratory stridor, at rest, with any of the following:
 - A. Tachypnea,
 - B. Intercostal, suprasternal, and/or supraclavicular retractions,
 - C. Difficulty talking or feeding,
 - D. Agitation/restlessness/tired appearance, and/or
 - E. SPO₂ <94%

Post-Medical Control:

PARAMEDIC

5. If patient presents with moderate to severe croup, administer Racialpinephrine 2.25% inhalation solution via nebulizer:
 - A. To administer place 0.5 mL of Racialpinephrine 2.25% inhalation solution in nebulizer and dilute with 3 mL of normal saline.
6. Do not delay transport.
7. Symptom improvement should occur within 10 to 30 minutes.

NOTES

- Croup is most common in the fall and winter with the onset of symptoms at night.
- Croup is most common in children 6 months to 6 years of age.
- Patients will likely have a recent history of upper airway infection or fever.