

SYMPTOMS: Barky cough; history of stridor (noisy breathing; high-pitched crowing sound with breathing).

Assessment, Treatment and Interventions

ALL LEVELS

1. Manage the airway. Airway should be managed in the least invasive way possible.
2. Conduct primary survey.

EMR-O; EMT-R

3. Obtain and monitor vital signs including temperature, pulse, blood pressure, respirations, and SpO₂.
4. Suction the nose and/or mouth via bulb, Yankauer, or suction catheter if excessive secretions are present.
5. Administer oxygen as appropriate for dyspnea or distress with a target of achieving greater than 93% saturation.
6. Utilize bag-valve-mask ventilation in children with respiratory failure.

EMT-R

7. Use non-visualized airways if bag-valve-mask ventilation fails.
8. Obtain ET/CO₂.

EMT-O; AEMT-R

9. If approved within your service, administer CPAP (continuous positive airway pressure or BiPAP (Bi-level positive airway pressure) for severe respiratory distress.

AEMT-R

10. Place IVs only in children with respiratory distress for clinical concerns of dehydration, or when administering IV medications.

INT-R

11. Administer epinephrine nebulized [2.5–5 ml nebulized] to all children with croup in respiratory distress with signs of stridor at rest.

PARAMEDIC

12. Use dexamethasone [0.5 mg/kg max 16 mg] for suspected croup.

Respiratory failure may develop quickly. Watch for signs of impending respiratory failure and intervene early.