



**PHYSICIAN'S ORDER SHEET**

**Child Health Emergency Department  
Pediatric Croup Standard Orders**

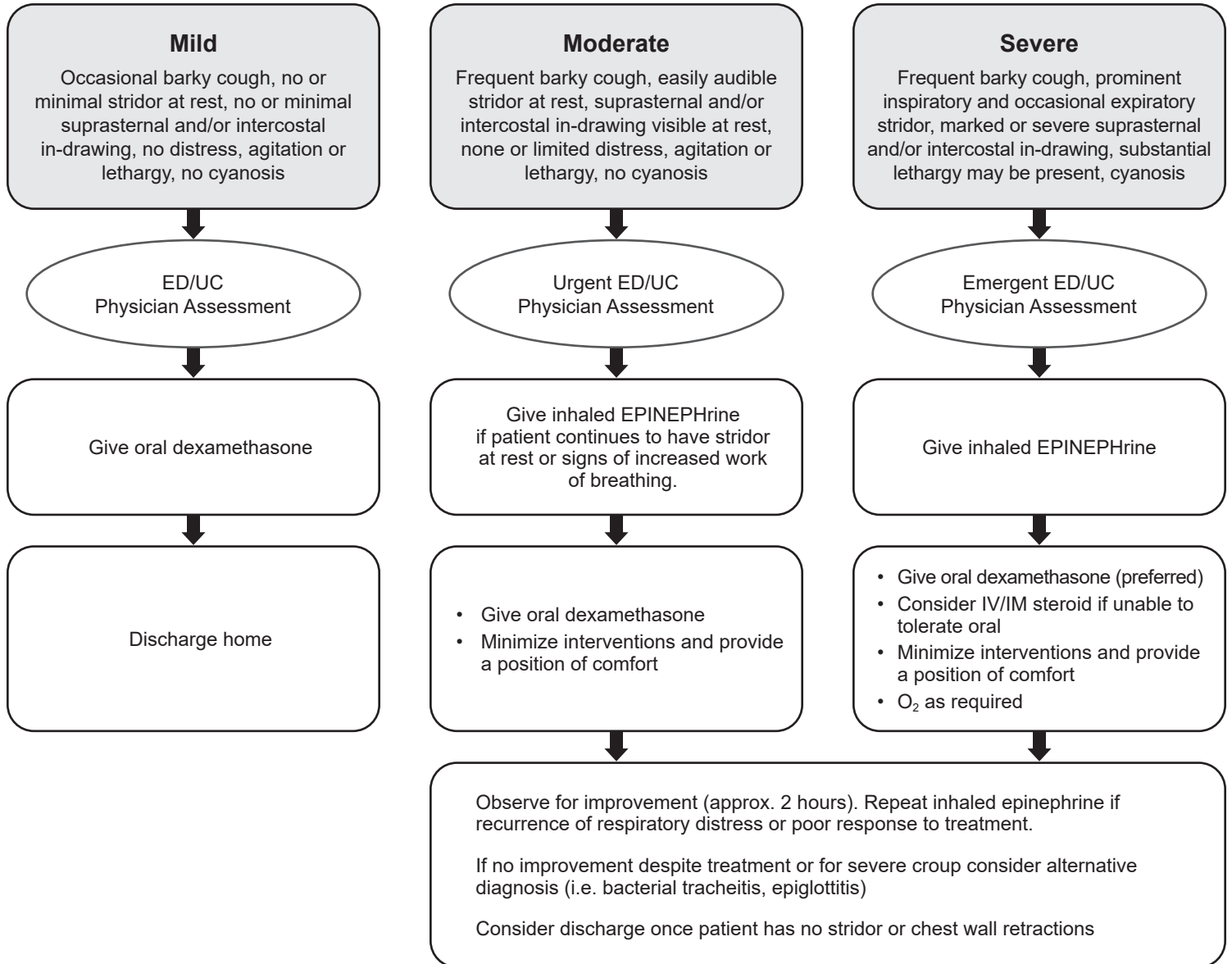
*These orders are to be used as a guideline and do not replace sound clinical judgment and professional practice standards.  
Patient allergy and contraindications must be considered when completing these orders.*

■ Standard orders. If not in agreement with an order, cross out and initial. □ Requires a check (✓) for activation.

A Medication Order for pediatric patients who weigh 50 kg or less must include the dosage by weight in terms of 'milligrams per kilogram per day' or 'milligrams per kilogram per dose' OR by body surface area ('milligram per square meter per dose or day'). (WRHA Medication Order Writing Standard, March 2009)

Drug Allergies ► <b>See Clinical Circumstances Sheet</b>	ORDER TRANSCRIBED AND ACTIVATED	DATE  TIME	Patient's Height _____ Patient's Weight _____
<b>R</b> <b>MEDICATION ORDERS</b> TO BE INITIATED OR DISCONTINUED	TEST DONE	<b>GENERAL ORDERS</b>  PAGE 1 OF 1	
DATE _____ TIME _____ <input type="checkbox"/> dexamethasone administered at triage, see form PHOR676 <input type="checkbox"/> dexamethasone _____ mg PO x 1 dose (0.6 mg/kg/dose; maximum 10 mg/dose) <input type="checkbox"/> EPINEPHrine _____ mg nebulized x 1 dose (0.5 mg/kg/dose; maximum 5 mg/dose) <input type="checkbox"/> EPINEPHrine (0.125 mg/puff) _____ puffs x 1 dose (less than 1 yr: 2 puffs; 1 yr or greater: 5 puffs) via spacer <input type="checkbox"/> _____		<i>Inclusion criteria: pediatric patients presenting with symptoms consistent with croup</i> <input checked="" type="checkbox"/> HR, RR, O <sub>2</sub> saturation at 10 minutes and 30 minutes post-epinephrine dose <input checked="" type="checkbox"/> supplemental oxygen to keep oxygen saturation greater than 92% <input type="checkbox"/> capillary blood gas <input type="checkbox"/> NPO <input type="checkbox"/> _____ <input type="checkbox"/> _____	
PHYSICIAN'S SIGNATURE _____ MD PRINTED NAME _____ MD		TRANSCRIBED: _____ REVIEWER: _____ <input type="checkbox"/> FAXED DATE: _____ TIME: _____ INITIALS: _____	
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PHYSICIAN'S SIGNATURE _____ MD PRINTED NAME _____ MD		TRANSCRIBED: _____ REVIEWER: _____ <input type="checkbox"/> FAXED DATE: _____ TIME: _____ INITIALS: _____	

This algorithm is intended to provide guidance; physicians can modify based on their clinical judgment.



Consider hospital admission if patient received steroid greater than or equal to 4 hrs ago and has continued, moderate respiratory distress (without agitation or lethargy), stridor at rest and chest wall indrawing.

If patient has recurrent severe episode of agitation or lethargy, failure to respond to epinephrine, or O<sub>2</sub> saturations less than 90%, contact PICU.

Impending respiratory failure is characterized by a less prominent barky cough due to fatigue, stridor that may be audible at rest but may be quiet or difficult to hear, suprasternal and/or intercostal indrawing that may not be marked, lethargy or decreased level of consciousness, patient may be dusky or cyanotic without supplemental oxygen.

LEGEND  
 ED/UC - Emergency Department/Urgent Care  
 PICU - Pediatric Intensive Care Unit