

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 See Clinical Circumstances Sheet	TRANS	RDER SCRIBED IND VATED	DATE TIME Patient's Height Patient's Weight
R MEDICATION ORDERS TO BE INITIATED OR DISCONTINUED	O	TEST DONE	GENERAL ORDERS PAGE 1 OF 1
DATE TIME dexamethasone administered at triage, see form PHOR676 dexamethasone mg PO x 1 dose (0.6 mg/kg/dose; maximum 10 mg/dose) EPINEPHrine mg nebulized x 1 dose (0.5 mg/kg/dose; maximum 5 mg/dose) EPINEPHrine (0.125 mg/puff) puffs x 1 dose (less than 1 yr: 2 puffs; 1 yr or greater: 5 puffs) via spacer			Inclusion criteria: pediatric patients presenting with symptoms consistent with croup ■ HR, RR, O₂ saturation at 10 minutes and 30 minutes post-epinephrine dose ■ supplemental oxygen to keep oxygen saturation greater than 92% □ capillary blood gas □ NPO □ □
PHYSICIAN'S SIGNATURE ME			TRANSCRIBED: REVIEWER:
PRINTED NAME ME			☐ FAXED DATE: TIME: INITIALS:
DATE TIME	-		 ■ HR, RR, O₂ saturation at 10 minutes and 30 minutes post-epinephrine dose □ □
PHYSICIAN'S SIGNATURE ME			TRANSCRIBED: REVIEWER:
PRINTED NAME ME			☐ FAXED DATE: TIME: INITIALS:
DATE TIME	-		 ■ HR, RR, O₂ saturation at 10 minutes and 30 minutes post-epinephrine dose □ □
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DATE: SEPTEMBER 2023

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

Mild

Occasional barky cough, no or minimal stridor at rest, no or minimal suprasternal and/or intercostal in-drawing, no distress, agitation or lethargy, no cyanosis

> ED/UC Physician Assessment

Give oral dexamethasone

Discharge home

Moderate

Frequent barky cough, easily audible stridor at rest, suprasternal and/or intercostal in-drawing visible at rest, none or limited distress, agitation or lethargy, no cyanosis

> Urgent ED/UC Physician Assessment

Give inhaled EPINEPHrine if patient continues to have stridor at rest or signs of increased work of breathing.

- Give oral dexamethasone
- Minimize interventions and provide a position of comfort

Severe

Frequent barky cough, prominent inspiratory and occasional expiratory stridor, marked or severe suprasternal and/or intercostal in-drawing, substantial lethargy may be present, cyanosis

> Emergent ED/UC Physician Assessment

Give inhaled EPINEPHrine

- Give oral dexamethasone (preferred)
- Consider IV/IM steroid if unable to tolerate oral
- Minimize interventions and provide a position of comfort
- O2 as required

Observe for improvement (approx. 2 hours). Repeat inhaled epinephrine if recurrence of respiratory distress or poor response to treatment.

If no improvement despite treatment or for severe croup consider alternative diagnosis (i.e. bacterial tracheitis, epiglottitis)

Consider discharge once patient has no stridor or chest wall retractions

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 O₂ 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