

STRIDOR / CROUP PROTOCOL

- **Suspect Croup:**
- Cool humidified O2 blow by
- **Decadron (Dexamethasone):** 0.6 mg/kg IM, PO or IV
 - Maximum dose 16mg
- **Prelone/ Prednisone:** 2 mg/kg PO (Max 60mg)
- **Solumedrol:** 2 mg/ kg IV(Max 125mg)
 - Prednisone & SoluMedrol may require multiple doses over 24hrs
- **Racemic Epinephrine (2.25%):**
 - 0.5cc/dose in 3cc NS over 15 minutes.
 - <6months: 0.25cc
 - >6months: 0.5cc
 - No more frequently than Q1-2hrs.
- **Epinephrine:** (0.5cc/kg of 1:1000 epi in 3cc NS).
 - Maximum dose 2.5cc for < 4yr old
 - Maximum dose of 5cc for >4yrs old.
- **Nebulized budesonide (Pulmicort)** (0.5mg) has been effective in mild/moderate croup

- **Respiratory Failure: May need smaller than usual for age ET tubes (1/2 to 1 size smaller)**

- **Suspected Epiglottitis:**
 - (2-4 yrs old, not immunized, high fever, rapid onset of symptoms, drooling, toxic appearance)
 - Blow by humidified O2
 - Prepare anesthesia and operating room (ENT or surgeon)
 - Do not distress child. Have emergent and difficult airway box at bed side.
 - Do not administer medications. Keep child NPO.
 - If patient develops respiratory failure, proceed with resuscitation and ventilation (bag ventilation/ intubation if possible)

Pediatric Stridor Protocol

1. If there is a delay in placing a patient with stridor in the Pediatric Emergency Room, contact the Pediatric ER physician to assess the patient or obtain a verbal order to initiate the protocol.
2. Contact the Respiratory Therapist to begin nebulizer therapy
3. Give Racemic Epinephrine (2.25% concentration) 0.5 mL nebulized once
4. Have the Pediatric ER physician or Respiratory Therapist reassess the patient
5. Contact the Pediatric ER physician for further orders.

Physician Signature

Date & Time

() Verbal order obtained and RBO.

RN Signature

Date & Time