

Inclusion Criteria:

- Age 6 months to 6 years
- Principal diagnosis of croup

Exclusion Criteria:

- Toxic appearance
- Symptoms suggestive of an alternative diagnosis.
- Known upper airway abnormality
- Hypotonia or neuromuscular disorder
- Complex medical co-morbidities

Not Routinely Recommended

- Cool mist
- X-ray
- ENT consult
- Viral testing
- Repeat dexamethasone

Discharge Criteria

- No stridor at rest, tachypnea, intercostal retractions or other signs of increased work of breathing.
- Received one dose of dexamethasone and has been observed for at least 2 hours if racemic epinephrine has been administered.
- No other indications for hospitalization.
- The patient is able to return to the ED/UCC if symptoms return.

Urgent Care Considerations:

Providers may need to consider transfer or admission prior to or shortly after a second racemic epinephrine treatment.

Consideration should be given to

- UC site patient volume
- Need for transport
- Prolonged length of stay

Signs of impending respiratory failure

- Poor respiratory effort
- Severe retractions
- Poor response to racemic ephinephrine
- Lethargic or decreased LOC
- Cyanosis/Hypoxemia

Children who appear ill or toxic and/or do not respond to racemic epinephrine may have alternative diagnosis:

- Bacterial tracheitis
- Epiglottitis
- Retropharyngeal abscess
- Foreign body
- Allergic reaction

