

# Consensus Guidelines for Management of Croup: Northern California Pediatric Hospital Medicine Consortium

## Executive summary

### Objectives

- Standardize the care of pediatric patients with viral croup in acute care, ER, and inpatient settings
- Decrease utilization of non-evidence-based evaluation and treatment modalities for croup

### Recommendations

- Consider alternative diagnoses in patients with atypical or severe clinical presentation, or those with poor response to standard treatments
- Do *not* routinely order laboratory testing (including viral testing)
- Do *not* routinely order x-rays
- Use the consensus croup algorithm (appendix 1) for classifying severity and managing accordingly
- Administer Dexamethasone to *all* patients with a diagnosis of croup, regardless of symptom severity
- Do *not* routinely give repeat doses of steroid
- Discharge patients meeting the following criteria:
  - No or minimal stridor at rest
  - No or minimal work of breathing
  - Able to talk and feed without difficulty
  - >2 hours from last racemic epinephrine treatment
  - No supplemental oxygen requirement

### Methods

This guideline was developed through local consensus based on published evidence and expert opinion as part of the UCSF Northern California Pediatric Hospital Medicine Consortium.

### Metrics Plan

- Percentage of patients with discharge diagnosis of croup that receive Dexamethasone