

Form Title **Croup ED/UCC Pediatric Order Set**

Form Number **21888Bond**

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Croup ED/UCC Pediatric Order Set

For more information, see *Clinical Knowledge Topic Croup, Pediatric - Emergency and Inpatient*

Select orders by placing a (✓) in the associated box

Last Name (Legal)		First Name (Legal)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(dd-Mon-yyyy)	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary/Prefer not to disclose (X)		<input type="checkbox"/> Unknown	

Isolation

- Initiate Contact and Droplet
 Other _____

Diet and Nutrition

- NPO _____ Date/Time _____
 May give ice chips/sips of water with meds
- Pediatric Diet - Clear Fluids
- Enteral Feeding (Breast feed, Bottle feed, Tube feed)
- Enteral Feeding with Tray - Newborn/Infant (Breast feed, Bottle feed, Tube feed)
- Enteral feeding with NO Tray - Newborn/Infant (Breast feed, Bottle feed, Tube feed)
- Enteral Feeding with Tray - Pediatric
- Enteral Feeding with NO Tray - Pediatric
- Enteral Feeding Safe Start _____ NG/Oral 10 mL/kg/day _____ every 24 hours
 • Flush with 10mL water every 4 hours
- Total Fluid Intake every _____ hours
- Enteral Feeds
- Breast Milk
 - Breast Milk Continuous
 - Pasteurized Donor Human Milk
 - Pasteurized Donor Human Milk Continuous
 - Infant Formula
 - Infant Formula Continuous
 - Shared Breast Milk
 - Shared Breast Milk Continuous
- Other diet _____
- Other diet _____

Patient Care

Provide ordered/required care while creating the least agitation possible, especially during times of stridor or distress (consider discussion with MRHP/delegate when ordered care is causing increased agitation).

- Activity as Tolerated
- Vital Signs every _____ and as needed
- Notify MRHP when:
- Temperature greater than _____ less than _____
 - Systolic pressure greater than _____ less than _____
 - Diastolic pressure greater than _____ less than _____
 - Heart Rate greater than _____ less than _____
 - SPO2 less than _____
 - Blood Glucose greater than _____ less than _____
 - Urine output greater than _____ less than _____

Prescriber Name	Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh:mm)

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Patient Care *(continued)*

- Continuous Pulse Oximetry
- Notify MRHP if supplemental oxygen is required to maintain oxygen saturation greater than 92%, increased stridor or increased work of breathing, or there is ongoing stridor at rest following a nebulizer epinephrine dose.
- Cardio-Respiratory Monitoring Off for test and activities
- Cardio-Respiratory Monitoring NOT off for tests and activities
- _____
- _____

Intake and Output

- Intake and output every _____ hours
- _____

Respiratory Interventions

Supplemental oxygen need should prompt urgent physician assessment and concern for possible progressive upper airway obstruction.

- Oxygen therapy greater than 92% SPO2
- _____

Diagnostic Imaging

Laboratory and radiological assessments are not necessary to make this diagnosis of croup. The diagnosis can be reliably made based on the clinical presentation in combination with a careful history and physical examination.

IF considering alternate diagnoses:

Lateral soft tissue neck film may be helpful for making an alternative diagnosis of retropharyngeal abscess or bacterial tracheitis in the rare case of children with croup-like symptoms.

- _____
- _____

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Medications

Analgesics and Antipyretics

Acetaminophen (Infants)

- acetaminophen oral liquid (15 mg/kg/dose) _____ mg oral every ____ hours PRN for mild pain, temperature greater than 37.5 degrees Celsius
Maximum 75 mg/kg/day, 1000 mg/dose and 4 grams/day, maximum 5 doses in 24 hours
- acetaminophen suppository (20 mg/kg/dose) _____ mg rectal every ____ hours PRN for mild pain, temperature greater than 37.5 degrees Celsius
Maximum 75 mg/kg/day, 1000 mg/dose and 4 grams/day, maximum 5 doses in 24 hours

Acetaminophen (Pediatrics)

- acetaminophen oral liquid (15 mg/kg/dose) _____ mg oral every ____ hours PRN for mild pain, temperature greater than 37.5 degrees Celsius
Maximum 75 mg/kg/day, 1000 mg/dose and 4 grams/day, maximum 5 doses in 24 hours
- acetaminophen chewable tablet (15 mg/kg/dose) _____ mg oral every ____ hours PRN for mild pain, temperature greater than 37.5 degrees Celsius
Maximum 75 mg/kg/day, 1000 mg/dose and 4 grams/day, maximum 5 doses in 24 hours
- acetaminophen tablet (15 mg/kg/dose, maximum 1000 mg) _____ mg oral every ____ hours PRN for mild pain, temperature greater than 37.5 degrees Celsius
Maximum 75 mg/kg/day, 1000 mg/dose and 4 grams/day, maximum 5 doses in 24 hours
- acetaminophen suppository (20 mg/kg/dose) _____ mg rectal every ____ hours PRN for mild pain, temperature greater than 37.5 degrees Celsius
Maximum 75 mg/kg/day, 1000 mg/dose and 4 grams/day, maximum 5 doses in 24 hours

Ibuprofen

Use caution in infants less than 4 months (considered off-label use) and children with dehydration (as limited safety data are available for this group).

Usual maximum dose is 400 mg per dose, with a daily maximum of 40 mg/kg/day or 2400 mg/day, whichever is less.

Ibuprofen (Infants)

- ibuprofen oral liquid (10 mg/kg/dose, maximum 600 mg) _____ mg oral every ____ hours PRN for mild pain, temperature greater than 37.5 degrees Celsius

Ibuprofen (Pediatrics)

- ibuprofen oral liquid 40 mg/mL (10 mg/kg/dose, maximum 600 mg) _____ mg oral every ____ hours PRN for mild pain, temperature greater than 37.5 degrees Celsius
- ibuprofen tablet (10 mg/kg/dose, maximum 600 mg) _____ mg oral every ____ hours PRN for mild pain, temperature greater than 37.5 degrees Celsius

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Medications (continued)

Inhaled Medications

Systemic administration (PO/IM/IV) of steroids is the preferred treatment for croup. Inhaled budesonide can be considered in severe cases (i.e. impending airway obstruction/requiring repeated doses of epinephrine) OR in children who cannot receive or tolerate systemic steroids.

Children with croup should not require nebulized epinephrine to treat stridor unless stridor is occurring at rest AND accompanied by perceived distress or discomfort or increased work of breathing.

Caution should be exercised when used in children with narrow or angle glaucoma or cardiac abnormalities (consider cardiorespiratory monitor during administration).

- EPINEPHrine 1 mg/mL liquid inhalation _____ mg via nebulizer for 1 dose
Nebulized EPINEPHrine may be repeated back to back in children with severe distress/near respiratory failure but requires frequent re-evaluation

To minimize the use of aerosol generating procedures, consider administration of epinephrine via a Metered Dose Inhaler (MDI) for children with stridor at rest, moderate to severe chest wall indrawing, normal room air oxygen saturation, and normal mental status. **Approved during COVID-19 pandemic as an alternative to nebulized epinephrine in the management of croup in pediatrics.**

In children with severe respiratory distress resulting in low room air saturation and/or abnormal mental status use nebulization.

- EPINEPHrine 0.125 mg/actuation inhaler 5 puffs once for 1 dose using metered dose inhaler (MDI) with masked spacer

In children with severe croup or child with persistent vomiting, consider budesonide.

Inhaled budesonide is a consideration in severe cases (i.e. repeated doses of epinephrine and ongoing stridor) and/or no ability/access to provide systemic steroid. More commonly causes agitation than oral administrations and more expensive than dexamethasone.

- budesonide 0.5 mg/mL nebule 2 mg (max 2 mg) inhalation once only
May be mixed with epinephrine and administered simultaneously

The preferred treatment when diagnosis is suspected/made is dexamethasone. Give an initial dose as soon as possible.

- dexamethasone 1 mg/mL oral liquid (0.6 mg/kg/dose, max 10 mg) _____ mg once PO for 1 dose
OR
 dexamethasone injection (0.6 mg/kg/dose, max 10 mg) _____ mg IV once for 1 dose
OR
 dexamethasone injection (0.6 mg/kg/dose, max 10 mg) _____ mg IM once for 1 dose

Other Medications

- _____
- _____
- _____

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