

	<i>Nurse Practitioner- Emergency Services</i> CLINICAL PRACTICE GUIDELINE MANAGEMENT OF CROUP	Swan Kalamunda Health Service
--	---	--

Scope		Outcomes
Nurse Practitioner	<ul style="list-style-type: none"> Child with harsh barking cough, with or without inspiratory stridor, with or without mild respiratory distress 	Identify patients suitable for NP CPG
Medical Practitioner +/- Nurse Practitioner	<ul style="list-style-type: none"> Moderate to severe respiratory distress Biphasic stridor Marked stridor at rest Drooling Drowsiness or cyanosis History of chronic/congenital stridor or airway disease Age < 6months Altered mental status 	Identify patients not suitable for NP CPG and redirect to usual ED care +/- NP in team.
Initial assessment and interventions		
Primary Survey	<ul style="list-style-type: none"> Airway Breathing Circulation Disability Environment 	Critical abnormality on primary survey identified → exit CPG and notify senior ED Doctor
History	<ul style="list-style-type: none"> History of the illness and any treatment received prior to presentation including pre hospital adrenaline Hx of foreign body, choking episode Past medical history-medications Allergies/ immunisations 	Identify patients not suitable for NP CPG → exit CPG
Focused clinical assessment	<ul style="list-style-type: none"> See Respiratory assessment CPG Haemodynamic measures including SaO₂, cap refill Level of consciousness Hydration status Identify any life threatening airway obstruction → refer immediately to EP Keep child near parent for reassurance and to avoid distressing child ^(1, 2) 	Identify patients not suitable for NP CPG → exit CPG. Refer to EP.
Working diagnosis and Investigations		Outcomes
Imaging	<ul style="list-style-type: none"> Not generally indicated 	
Pathology	<ul style="list-style-type: none"> Not routinely indicated. Consider PNA for RSV if admission is likely 	
Interpretation of results (diagnostic features) and management decisions		Outcomes
Mild Croup ⁽²⁾ Barking cough Nil or intermittent stridor No chest wall-retraction No cyanosis	ED NP review in view of discharge <ul style="list-style-type: none"> Oral dose Corticosteroid - Dexamethasone 0.15-0.3mg/kg Provide information, fact sheet and reassurance to parents Consider psychosocial aspects of family Assess parents' competence and transport availability 	Patient identified as suitable for NP CPG and discharged safely Dexamethasone is the medication of choice because its works quicker than prednisolone

	<i>Nurse Practitioner- Emergency Services</i> CLINICAL PRACTICE GUIDELINE MANAGEMENT OF CROUP	Swan Kalamunda Health Service
--	---	--

Moderate Croup ⁽²⁾ Persisting stridor at rest Minimal tracheal tug and chest wall retractions Child able to be placated, interested in surroundings	<ul style="list-style-type: none"> • Follow up by LMO in 24 hours if not improving NP review in view of observation for minimum of 4 hours and consultation with EP. <ul style="list-style-type: none"> • Administer oral corticosteroid (Dexamethasone) ^(1, 2) • If not tolerating oral corticosteroid → exit CPG and notify senior ED Doctor • Monitor respiratory status closely Improvement <ul style="list-style-type: none"> • Discharge when no stridor at rest after consultation with EP • Provide information, fact sheet and reassurance to parents • Follow up LMO in 24 hours or before prn Partial or No Improvement <ul style="list-style-type: none"> • EP review in view of need for nebulised adrenaline and admission 	Patient identified as suitable for NP CPG and discharged safely Patient referred to EP for intervention prior to admission/discharge home safely
Patient Discharge Education		Outcomes
When to return	<ul style="list-style-type: none"> • Verbal instructions from ED NP • Return to ED if further episodes of croupy cough. (Croup 'always' occurs at night when GP surgeries are closed) • ED written patient information 	Ensure parents understand problem, treatment, follow up and child is safe for discharge home
Follow-up Appointments	<ul style="list-style-type: none"> • Advise parents to see GP within 24 hours for review or to return to ED if concerned 	
Other Referrals	<ul style="list-style-type: none"> • As appropriate to allied health team members Referrals may be made for specific patient problems or as required to <ul style="list-style-type: none"> - social work - aboriginal liaison officer - drug and alcohol counsellor ▪ Consider need for admission if psychosocial problems identified 	Referral to EP ± Paediatric Unit for admission
Medication Education	<ul style="list-style-type: none"> • Verbal instructions from NP 	
Certificates	<ul style="list-style-type: none"> • Absence from work certificates for parents if necessary 	
Medications		Outcomes
Should pharmaceutical treatment be necessary, the prescriber should refer to the current version of the "Therapeutic Guidelines"		
All medication will be stored, labelled and dispensed in accordance with hospital policy and relevant legislation		
Approved medications for nurse practitioner use within this clinical guideline include;		

Analgesia/Antipyretic
 Paracetamol
 Ibuprofen

	<i>Nurse Practitioner- Emergency Services</i> CLINICAL PRACTICE GUIDELINE MANAGEMENT OF CROUP	Swan Kalamunda Health Service
--	---	--

Corticosteroid

Dexamethasone
Prednisolone

Clinical audit evaluation strategies		
Unexpected representation	Emergency Department attendance register and ED NP clinical log	
References		
<ol style="list-style-type: none"> 1. Croup (Laryngotracheobronchitis) Clinical Practice Guideline. [Royal Children's Hospital] [cited 2006 Mar 27]; clinical practice guideline]. Available from: http://www.rch.org.au 2. Fitzgerald D, Kilham H. Croup: assessment and evidence-based management. Medical Journal of Australia. 2003 2006 Mar 28;179:372-7. 3. Russell K, Wiebe N, Saenz A, Ausejo Segura M, Johnson D, Hartling L, et al. Glucocorticoids for croup. [The Cochrane Library] 2006 [cited 2006 Mar 28]; Available from: http://www.cochrane.org/reviews/en/ab001955.html 4. JHC Medication Storage and Administration Policy. Available from JHC Intranet 5. eMIMS 2006 [cited 2006 Mar 16]; Available from JHC Emergency Department Desktop 		
Authorship and endorsement		
<p>This CPG has been reviewed and is endorsed by nurse practitioner clinical practice guidelines committee Swan/Kalamunda Health Service</p>	<p>Approved by Executive Committee for NP CPGs</p> <p>Dr John Keenan Director of Clinical Services</p> <p>Signature _____ Date _____</p> <p>Annemarie Alexander Director of Nursing and Midwifery Services</p> <p>Signature _____ Date _____</p> <p>Halena Halton Nurse Practitioner</p> <p>Signature _____ Date _____</p> <p>Robin Moon Nurse Practitioner</p> <p>Signature _____ Date _____</p>	
Key to terms	Appendices	
<p>NP- Nurse Practitioner EP- Emergency Physician S1-S4- Schedule of the drug administration act GP – General Practitioner OP- Outpatients CPG- Clinical Practice Guideline</p>		

	<i>Nurse Practitioner- Emergency Services</i> <i>CLINICAL PRACTICE GUIDELINE</i> MANAGEMENT OF GROUP	Swan Kalamunda Health Service
--	---	----------------------------------

Date written: August 2006 Reviewed: April 2010	Review date: April 2012
---	--------------------------------