CHEO

CHAMPLAIN LHIN VERSION

PHYSICIAN ORDERS
FOR
CROUP IN THE EMERGENCY DEPARTMENT

Patient Identification

Weight: _____ kg Height: _____cm Allergies: _____

Initial on all lines applicable

- Start "Croup Critical Pathway" in the Emergency Department
- Droplet precautions

MEDICATIONS:

____**Dexamethasone** _____ mg (0.6 mg/kg, MAX 12 mg) PO / IM / IV x 1 dose

____**Epinephrine** 1:1000 (1 mg/mL) (use topical or injectable product): _____ mL by inhalation
(Dose = 3 mL (3 mg) if less than 10 kg, 5 mL (5 mg) if greater than or equal to 10 kg)
- Notify physician if inhalation therapy not effective within 60 minutes.

OR ____**Racemic epinephrine** 2.25%: 0.5 mL in 3 mL of Normal Saline by inhalation
- Notify physician if inhalation therapy not effective within 60 minutes

____**Budesonide** 2 mg by inhalation x 1 dose

____**Acetaminophen** _____ mg (10 – 15 mg/kg/dose, MAX 75 mg/kg/day or 4000 mg/day) PO/PR q4h PRN

____**Ibuprofen** _____mg (5 -10 mg/kg/dose, MAX 40 mg/kg/day or 600 mg/dose) PO q6 - 8h PRN

____ _____

HYDRATION:

____ Clear fluids ad lib
____ IV _____at _____mL/hr
____ IV Bolus _____ at _____ mL/hr over _____ minutes

CONSIDER TRANSFER FOR:

- Severe respiratory distress
- Greater than 2 epinephrine/racemic epinephrine doses with no improvement
- History of abnormal airway (eg ex-prem, laryngomalacia, subglottic stenosis)
- Call CritiCall (1-800-668-4357) if considering ICU admission

OTHER:

_____

_____	_____	_____
PHYSICIAN SIGNATURE	PRINT NAME OF PHYSICIAN	DATE & TIME
_____	_____	_____
NURSE SIGNATURE	PRINT NAME OF NURSE	DATE & TIME