

CLINICAL UPDATE

30th November 2021

Introduction of dexamethasone for the management of croup in children v1.0 November 2021

Following a review of the evidence and of JRCALC the Trust will be introducing Dexamethasone for the management of croup in children by all Paramedics and Nurses

This medication will be introduced into the oral drug pouch with immediate effect and supplies will be delivered in line with normal medication delivery schedules. Clinicians are asked during VDI to remove any pouches not containing Dexamethasone and replace with pouches that do. All pouches removed should be placed in the returns bins as normal. All new pouches containing Dexamethasone will be labelled externally indicating that Dexamethasone is included.

Delivery schedule:

- Basildon, Chelmsford, Southend, Colchester, Harlow
Wednesday 1st December
- Longwater and Waveney Thursday 2nd December 2021

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- Kempston, Luton, Stevenage, Watford, Hemel Hempstead
Monday 6th December
- Cambridge, Peterborough, Huntingdon, Kings Lynn Tuesday 7th December
- Ipswich, Bury St Edmunds Wednesday 8th December
- Notley and Melbourn HART next delivery after the 1st December



Guidance overview – refer to JRCALC/NICE for full details

The management of croup is not uncommon to EEAST clinicians but until now the administration of Dexamethasone has been the preserve of specialist and advanced paramedics in urgent care.

Therefore, it is important all clinicians re-familiarise themselves with JRCALC/NICE guidance for the management of respiratory illness in

children P316-321 JRCALC 2019 guidelines or the relevant section of the JRCALC app or at [Respiratory Illness in Children \(jrcalc-web.netlify.app\) Croup | Health topics A to Z | CKS | NICE](https://www.jrcalc-web.netlify.app/Croup%20Health%20topics%20A%20to%20Z%20CKS%20NICE)

Before any administration all registered clinicians must review and fully understand the JRCALC guidance for Dexamethasone P563-564 JRCALC 2019 guidelines or the JRCALC app or at [DEX \(jrcalc-web.netlify.app\)](https://www.jrcalc-web.netlify.app/DEX) Prior to any administration, gross error checking must be undertaken where possible with a competent person as per [MMSOP 01 Checking and Administration of Medication.pdf](#)

EEAST specific guidance on non-conveyance for Paramedics and Nurses.

*SP/AP UC follow CMP

Decisions to not convey children can be complex and carry specific risks therefore we wish to clarify the situations where paediatric patients with suspected croup should be conveyed to hospital for further assessment:

In all cases, role specific guidance on seeking discharge advice must be followed i.e., NQP and NQT via CAL

- All children under 1 years old with any severity of croup should be conveyed to hospital.

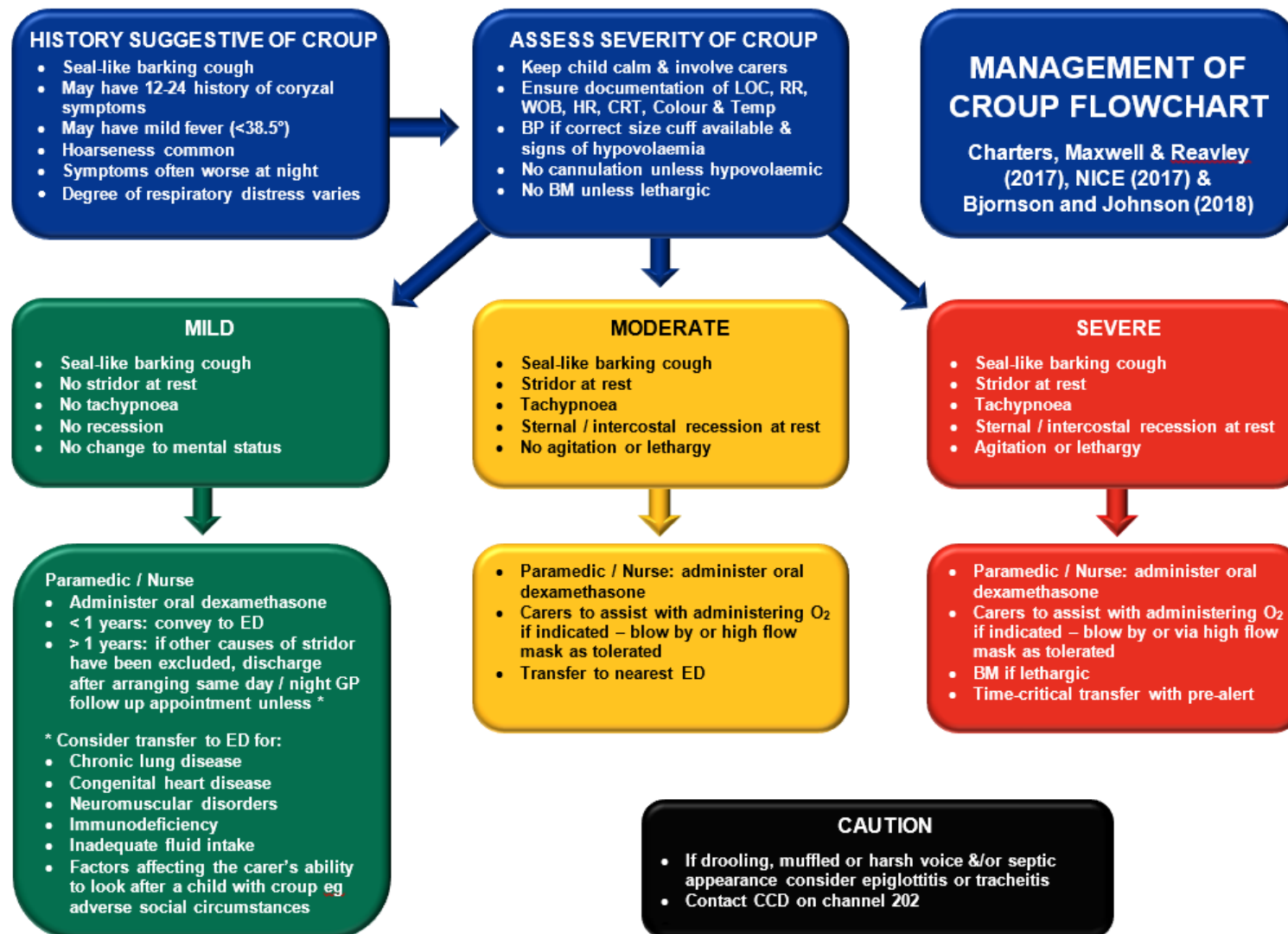
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- All children with a Tausig score of 3 or above (moderate - severe) should be conveyed to hospital
- All children that have stridor at rest (irrespective of cause) should be conveyed to hospital.
- All children that present with croup that have an elevated respiratory rate (for age) at rest should be conveyed to hospital
- All children with sternal or intercostal recession at rest should be conveyed to hospital
- Children aged 1 or above with mild croup (Tausig score 0-2) may be referred to primary care if all risk factors for other causes of stridor are excluded. NQPs and non registered clinicians should seek CAL discharge advice as required.
- Any case of mild croup discharged on scene must be directly referred (professional-professional discussion) to primary care for follow up. If this is not possible consider conveyance to hospital
- The below infographic (appendix 1) developed from Pre-hospital paediatric life support guidelines, the BMJ and NICE guidance may assist

Medication guideline

Presentation	2mg soluble tablets
Type	POM
Route	Oral
Dose	2-6mg age-based dose dissolved in water and swallowed (see JRCALC page for age)
Indications	Mild/moderate/severe croup using the modified Taussig score (appendix 1 and 2)
Actions	Corticosteroid – reduced subglottic inflammation
Contra-indications	Impending respiratory failure with at risk airway inhibiting oral administration Contact CCD channel 202; DO NOT delay on scene.
Cautions	Upper airway compromise can be worsened by any procedure that distresses the child – this might include the administration of medication
Side effects	Gastrointestinal upset Hypersensitivity/anaphylactic reaction
References:	DEX (jrcalc-web.netlify.app) DEXAMETHASONE Drug BNFc content published by NICE
Clinical grade	Paramedic, Nurse, Doctor

Appendix 1



Appendix 2

Table 3.85 – MODIFIED TAUSSIG CROUP SCORE		
		Score Mild: 1–2; Moderate: 3–4; Severe: 5–6
Stridor	None	0
	Only on crying, exertion	1
	At rest	2
	Severe (biphasic)	3
Recession	None	0
	Only on crying, exertion	1
	At rest	2
	Severe (biphasic)	3

(JRCALC.)

If you have any questions, require further information, or support please discuss locally with a SP/AP in urgent care or contact clinical.leads@eastamb.nhs.uk