



## Management – Primary Care and Community Settings

Suspected cough **Call 999** Features of impending airway compromise Stay with the child Barking cough Patient presents Alert local paeds team Stridor Mild fever Complete Consider differential: FB (acute onset, choking, episode, lack of coryza, fever etc), observation Coryza Epiglottitis and tracheitis (high fever, systemically unwell, unable to swallow +/- PEWS Miserable

	score	saliva). Routine exan	nination of the throat not recommended.
Assessment	Green - Low Risk	Amber - Intermediate Risk	Red – high risk
Behaviour	Alert	• Alert	Disorientated or drowsy
Sats	• >94% Pink	• >94% Pink	• <94% pale or cyanosed
Respiratory	Stridor only when upset     No recession     Normal air entry	Stridor at rest     Some recession     Decreased air entry	Biphasic stridor* (May be quiet if life threatening)     Severe recession     Severely decreased air entry     Leaning forward to breathe (Tripod breathing)
Green Action		Amber Action	
Reassure Consider analgesia Dexamethasone 0.15mg/kg PO Home with clear guidance and provide them with patient advice sheet.  Yes		Keep child and family calm Consider analgesia Dexamethasone 0.15mg/kg PO if available* Place in Waiting Room and review in 30 minutes* * If not possible - please refer to emergency care  Improved?	Ped Action  999 transfer to ED Stay with the child Keep child and family calm Dexamethasone up to 0.6mg/kg (max 12mg) orally i available Consider Adrenaline neb (0.4ml/kg 1:1000 up to 5ml if available Oxygen as tolerated