



(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____ / ____ / ____ SEX: _____

CROUP

Indicate findings below by: Positive / given OR Negative / not given *All boxes must be populated*

Date: ____ / ____ /20 ____ Time: ____ Clinician: _____ CNS HS REG SMO

History *See nursing assessment sheet for additional information*

- Stridor (*inspiratory*) Number of days with stridor: _____ Cough (*barking*)
- Wheeze Fever Hoarse voice
- Immunised (*Not being immunised increases the risk for **Diphtheria** and **H. influenzae** infection*)
- Atypical presentation (*? other pathology: **haemangiomas** - look for birth marks, **congenital malformations***)
- Exposure to known allergen (*Consider Anaphylaxis!*)

Relevant past medical history

- Known upper airway abnormalities Specify: _____ PICU admissions

Current medications

- Salbutamol Fluticasone Oral Steroids

Other: _____

Examination

General

- Appears fatigued Dehydrated On Oxygen
- Nursing observations: Normal Abnormal (*see assessment sheet*)

CAT: _____

EMERGENCY MEDICINE - NOTES



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Ear Nose and Throat

Avoid distressing the child with throat examination - *may worsen obstruction !*

Respiratory

- Visible indrawing Accessory muscle use Grunting Stridor
- Crackles Unequal air entry Silent chest

Cardiovascular

Abdomen

Neurological

- Abnormal GCS

Musculo-skeletal

Clinical impression / Problem list