You must be authorised by name, under the current version of this PGD before you attempt to work according to it.

**Clinical Condition**

<table>
<thead>
<tr>
<th>Situation to which the PGD applies</th>
<th>The administration of oral dexamethasone to children attending Paediatric Emergency Department for croup.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusion criteria</td>
<td>Child aged 6 months to 8 years presenting to Paediatric Emergency Department with mild to moderately severe croup, characterised by onset within last 24h hours of seal-like barking cough with or without stridor (either clear history of barking cough given by parent / carer or barking cough heard by triage nurse)</td>
</tr>
</tbody>
</table>
| Exclusion criteria                | - Child under 6 months old  
- Child over 8 years old  
- Previous treatment with dexamethasone in this episode of illness  
- Severe disease / impending respiratory failure (needs urgent medical assessment in resuscitation room, see Croup Clinical Decision Support Guideline) – characterised by:  
  - Inspiratory and Expiratory stridor  
  - Cyanosis / oxygen sats <92% on air  
  - Severe sternal recession / marked tracheal tug  
  - RR or HR significantly elevated for age (red EWS)  
  - Reduced conscious level / agitation  
  - Exhaustion  
- History of or suspected foreign body inhalation  
- Drooling  
- Chronic stridor  
- Current systemic steroids (this does not include inhaled steroids for asthma)  
- Chickenpox or measles in last two weeks  
- Contact with chicken pox or measles in last three weeks if not previously had chicken pox, measles or vaccination  
- Administration of a live vaccine in the last two weeks  
- Systemic fungal infection  
- Tuberculosis  
- Myasthenia gravis  
- Hereditary fructose intolerance  
- Known hypersensitivity / allergy to dexamethasone |

It is the responsibility of the practitioner to ensure that any medication currently being received by the patient is appropriate with the drug detailed in the PGD.
### Caution / need for further advice
- Previous croup requiring hospital admission – discuss with PED consultant or middle grade doctor on duty
- Reduced efficacy in children taking barbiturates, phenytoin, rifampicin, carbamazepine, ephedrine – discuss with consultant or middle grade doctor on duty.

### Action if the patient is excluded
- If symptoms severe, urgent medical assessment in resuscitation room
- Give 100% oxygen via face mask if oxygen saturations <92%
- Refer to PED clinical guidelines for management of severe croup
- Fully document reason for exclusion and all actions taken in the patient’s notes.

### Action if the patient declines
- Ask patient to wait to see PED doctor.
- Fully document reason and all actions taken in the patient’s notes.
### Staff Characteristics

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>Nurses currently registered with the Nursing &amp; Midwifery Council (NMC) who have completed triage training</th>
</tr>
</thead>
</table>
| Additional requirements | • Must have completed appropriate training for working under PGDs  
                          • Must have completed relevant Safe Handling of Medicines training  
                          • Must have completed mandatory resuscitation training according to Trust policy. This includes training on the initial treatment of anaphylaxis. |
| Continuing training and education | • Must have knowledge of the relevant CMFT Medicines Policy  
                          • Must complete update training for administration / supply of medicines under PGDs according to PGD policy  
                          • Must complete mandatory Safe Handling of Medicines training according to Medicines Policy  
                          • Must complete mandatory resuscitation training according to Trust policy. This includes training on the initial treatment of anaphylaxis.  
                          • It is the responsibility of the health professional to maintain their own competency to practice within this PGD. Further training may be necessary (at the discretion of the responsible manager) when the PGD is reviewed.  
                          • Practitioners must have a review of their requirement to undertake this element of their role at their annual appraisal. They must be able to demonstrate that they have the required knowledge and skills to support the use of this PGD in practice e.g. by use of the NICE Competence Framework. |

The head of nursing or the head of the professional group to whom the PGD applies must maintain a record of the names of individual health professionals and the training received.
**Name, form and strength of medicine**

Dexamethasone 2mg/5ml oral solution

**Route / method**

Oral

**Dosage**

As per BNFc for treatment of croup, i.e. a single dose of 0.15mg/kg (150micrograms/kg) dexamethasone. Doses should be rounded up or down to the nearest measurable dose on the most appropriate oral syringe used.

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>Dose (mg unless otherwise stated)</th>
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<tbody>
<tr>
<td>5</td>
<td>(750micrograms) 0.75</td>
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<tr>
<td>6</td>
<td>(900micrograms) 0.9</td>
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<tr>
<td>7</td>
<td>1.05</td>
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<td>8</td>
<td>1.2</td>
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<td>9</td>
<td>1.35</td>
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<td>10</td>
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<td>12</td>
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<td>13</td>
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<td>23</td>
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<td>24</td>
<td>3.6</td>
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<tr>
<td>25</td>
<td>3.75</td>
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</table>

**Frequency**

Once in each episode of illness

**Total dose / number**

One dose

**Maximum or minimum treatment period**

Single dose

**Quantity administer**

As per total dose
**PATIENT GROUP DIRECTION (PGD) FOR ADMINISTRATION OF**

<table>
<thead>
<tr>
<th>DEXAMETHASONE 2MG/5ML ORAL SOLUTION</th>
<th>POM</th>
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</table>

**Side effects**  
Common reactions include gastrointestinal effects and hypersensitivity reactions.  

**Concurrent medication**  
It is the responsibility of the practitioner to ensure that any medication currently being received by the patient is appropriate with the drug detailed in the PGD.


**Adverse events**  
If there is a history suggestive of allergy to dexamethasone or related drugs, please review NICE Clinical Guidance ([http://www.nice.org.uk/guidance/cg183/chapter/1-recommendations#nonspecialist-management-and-referral-to-specialist-services-2](http://www.nice.org.uk/guidance/cg183/chapter/1-recommendations#nonspecialist-management-and-referral-to-specialist-services-2)) and consider whether a referral to an allergy service is indicated.

Adrenaline injection and access to a telephone must be available when dexamethasone is administered.

- If the patient does have an anaphylactic reaction when given dexamethasone follow the procedure set out by CMFT. The patient must subsequently be referred to an allergy service.

For any other adverse reactions, seek medical advice as necessary.

In the event of any adverse reaction:
- Record the adverse reaction and action taken in the patient’s notes
- Inform the patient’s GP
- Record the incident as per local incident reporting policy
- Report the adverse reaction under the Yellow Card scheme (submit online at [http://yellowcard.mhra.gov.uk](http://yellowcard.mhra.gov.uk) or complete one of the forms found at the back of the BNF)

**Advice to be given to patient / carer**  
A copy of the manufacturer’s patient information leaflet (PIL) must be made available to the patient whenever a medicine is supplied / administered under PGD.

- Must wait to be assessed by doctor before leaving PED even if child seems to be improving
- Advice on recognising side effects and what to do
- Advice on where to seek help if treatment fails or condition worsens

Document all advice given in the patient’s notes.

**Follow up**  
Child to be seen by PED doctor before decision to admit or discharge
**Audit Trail**

### Records
The following points should be recorded as a minimum:
- Patient’s name, address, date of birth and PED or NHS number
- Confirmation of consent
- Contact details of GP (if registered)
- Diagnosis / symptoms / indication
- Dose, form, route and site (where appropriate) administered / supplied
- Batch number and expiry date
- Advice given to patient, including side effects
- Signature, name and designation of practitioner who administered / supplied the medication and those of the practitioner who removed/discontinued the treatment
- Referral arrangements, including self-care
- Details of any adverse drug reaction and actions taken including documentation in the patient’s medical record

### Labelling
Not applicable

### References
- CMFT Paediatric Emergency Department Clinical Guidelines for the management of croup
- BNFC 2014-2015

This PGD was developed from the Hampshire Wide PGD 112 for Dexamethasone, which is no longer accessible online.
**PATIENT GROUP DIRECTION (PGD) FOR ADMINISTRATION OF**

| DEXAMETHASONE 2MG/5ML ORAL SOLUTION | POM |

**Individual Authorisation**

By signing this PGD you are agreeing that:
- You have read and understood the content;
- To the best of your knowledge, the content of the PGD is correct and supports best practice;
- You will act within the parameters of the PGD;
- You take responsibility for maintaining your competence and ongoing training requirements to continue to use the PGD safely.

**PGDs do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.**

Note to Authorising Managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation.

<table>
<thead>
<tr>
<th>Name of Professional</th>
<th>Signature</th>
<th>Authorising Manager</th>
<th>Date</th>
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