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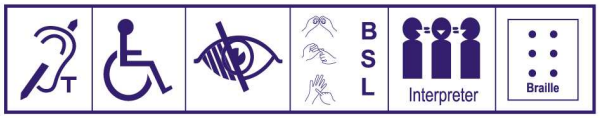

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Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Croup

Paediatrics Department

PAEDIATRIC EMERGENCY DEPARTMENT
ST PETERS HOSPITAL

Patient Information

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email patient.advice@asph.nhs.uk. If you remain concerned, the team can also advise upon how to make a formal complaint.

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Croup

What is Croup?

Croup is a viral illness most commonly caused by parainfluenza virus. The formal name for it is 'laryngotracheobronchitis' which is inflammation and swelling of the upper airways. Upper airway swelling causes a characteristic 'seal-like' barking cough and noisy breathing. Usually a day or two after a child has shown signs of a cold, usually worse at night. Children with asthma and allergies may develop the symptoms more quickly. This is known as 'spasmodic croup.'

Who gets croup?

Children from 6 months to 6 years. The peak incidence is 12-24 months. Younger children have less rigid airways which are narrower in a region vulnerable to inflammation. In older children or adults the same infection will lead to a sore throat or slight cough. Approximately 3% of preschool children suffer with croup per year.

How serious is it?

The majority of children with croup suffer a mild cough which gets better without any specific treatment. The use of steroid medicine in more unwell children has reduced the number of children needing admission to hospital. It is estimated that fewer than 5% of children with croup are admitted to hospital. Of these, 1-2% become more seriously unwell and require breathing support or ventilation. The majority of children admitted with croup go home the following day.

How is it treated?

Once your child is assessed, the doctor may prescribe a single dose of a steroid medicine called dexamethasone. This is a medicine given by mouth which reduces the swelling in the airway. It gets to work soon after it is taken and after a period of observation the patient can usually go home. Sometimes it is necessary to give a child a nebuliser of either another steroid or adrenaline to ease their breathing. Adrenaline also helps to shrink the swelling. These children will usually need admission to hospital. The majority of chidren with croup symptoms have a viral illness and therefore antibiotics are not helpful.

What can you do at home?

There are a number of simple things that can help a child with mild symptoms of croup at home:

- Keep your child comfortable with paracetamol and/ or ibuprofen. This will help to treat any soreness in their throat
- Keep them calm and allow them to settle in a position most comfortable for their breathing, usually upright
- Offer cool drinks. Drinking is important, should this become difficult you should bring your child to hospital.
- Cool air can help soothe a child with croup – such as by opening a window or going for a walk outside

When should you call for help?

Your child should be brought to the hospital promptly if:

- It is difficult for them to breathe. Breathing quickly and / or chest and neck muscles sucking inwards when they breathe. They may find it difficult to talk.
- They become agitated and are having any difficulty breathing
- They look pale

It is important to remember that a few children who are treated with dexamethasone and settle down need a second dose to be given the following night. It is not routine to give out the dexamethasone to take home for this eventuality as children with breathing difficulties should always be assessed by a medical professional. Should the symptoms settle and then recur after a couple of days your child should also be seen by a doctor again. Always bring your child back to hospital if they are showing any of the signs above.

Dial 999 immediately if:

- The child looks blue
- The child is unable to swallow and is drooling profusely
- The child is drowsy
- The child is struggling to breathe

Ref| Dominic A. Fitzgerald. The assessment and management of croup
Paediatric Respiratory Reviews (2006) 7, 73–81