

Croup

What is croup?

Croup (medically called laryngotracheobronchitis) is a viral infection of the throat, which affects the voice box (larynx) and windpipe (trachea).

Croup is common in babies and young children during winter. Croup is often a mild illness but can get worse quickly. If your child has laboured or noisy breathing (stridor) or if you are unsure how severe the croup is, seek urgent medical help. A child with severe croup will need urgent medical care so you should call an ambulance (dial 000).

In mild cases of croup your child may have a 'barking' cough, but no trouble breathing. This is best cared for at home, but monitor your child for signs of worsening croup (difficulties breathing).

What causes croup?

Children have small, soft windpipes. A viral infection causes the lining of the windpipe and voice box to swell. This, along with a build-up of sticky fluid (mucus), narrows the passageway through which air travels into the lungs. This can make it difficult for your child to breathe.

As children get older, the size and strength of the windpipe improves, which is why croup is less common in older children.

What are the symptoms?

Croup usually starts as a common cold (with a runny nose, red eyes, sore throat and a fever). Then the following symptoms develop:

- A hoarse voice
- A harsh, 'barking' cough (like a seal's bark)
- Noisy breathing (a high pitched noise when breathing in, known as stridor)
- Fast or laboured (hard) breathing

These symptoms often start at night when the air is cold and dry, and can be worse on the second or third night of the illness. They can become worse when your child is upset.

Symptoms of more severe croup include listlessness, confusion, difficulty drinking/feeding, difficulty talking, drawing in of skin between/under the ribs, laboured breathing and a blue tinge around the mouth. If any of these symptoms are present, seek urgent medical care.

Treatment

- Croup is often a mild illness but can get worse quickly. Do not hesitate to seek medical help if this is the case, especially if there is laboured, hard breathing (stridor) or if you are unsure how severe it is. A child with severe croup will need prompt treatment so call an ambulance (dial 000).
- In the emergency department, your child may receive a medicine called prednisolone or dexamethasone. This helps reduce the swelling in the airways, making it easier for your child to breathe. It will start to work after about one hour.
- If the croup is severe, another medicine, called adrenaline, may be given through a nebuliser (which lets you breathe in the medication) or an injection. This relieves the spasm and swelling until the prednisolone starts to work.
- Antibiotics will not help, as croup is caused by a virus
- There is no immunisation for the croup virus (parainfluenza)
- There is no proof that anti-allergy medication (antihistamines) or cold remedies (decongestants) are of benefit in croup

Home care

- Stay calm. Try to keep your child calm. Croup can be very frightening for a child, but being scared makes it worse. Try watching television or reading a book with your child to help them relax.
- Offer your child plenty to drink. Offer small amounts ('sips') and often, especially if your child has a fever.
- Sit your child up in bed with pillows to make breathing easier
- Offer paracetamol (such as Panadol® or Dymadon®) if your child has a fever and is miserable. Carefully check the label for the correct dose and make sure you are not giving your child any other products containing paracetamol (such as some cough medicines and cold and flu preparations).
- Steam therapy does not help. It is also regarded as dangerous because of accidental burns, so is not advised.

What to expect

- In many cases croup lasts one to three days. Sometimes it can last up to a week, and may be present during the day as well (it is usually worse at night). The first two days are usually the worst.

PATIENT INFORMATION

- Croup is often a mild illness but can get worse quickly. Do not hesitate to seek medical help if this is the case. A child with severe croup will need prompt treatment in hospital.
- Some children can get croup more than once. Because there is no immunisation it is not possible to prevent croup.

Seeking help

Cabrini Emergency Department (ED) is staffed by experienced emergency doctors and nurses 24 hours a day, 7 days per week. If you have any questions about your ED treatment our qualified ED staff can be contacted on **(03) 9508 1500** at any time. If you need to return to Cabrini ED for ongoing care we would be glad to take care of you again and if this occurs within a week of your initial consultation the doctor's fee will be bulk-billed.

You can also expect to receive a phone call or SMS message from one of our emergency nurses the day after you have been discharged. The nurse will be able to clarify any aspect of your diagnosis, treatment, or follow-up.

In a medical emergency return to Cabrini ED if it is safe to do so or go to the nearest hospital emergency department or call an ambulance – dial triple zero (000).

Seek urgent medical care if your child:

- Has trouble breathing
- Becomes floppy or hard to wake
- Goes pale or blue in colour
- Sucks in their breastbone or ribcage when breathing
- Looks very sick and is dribbling
- Is very distressed
- Has stridor (noisy breathing) at rest
- You have any other concerns

Want to know more?

- Contact Cabrini ED on **(03) 9508 1500**
- Ask your local doctor or healthcare professional
- Visit the Royal Children's Hospital website www.rch.org.au/kidsinfo
- Visit the Better Health Channel at www.betterhealth.vic.gov.au