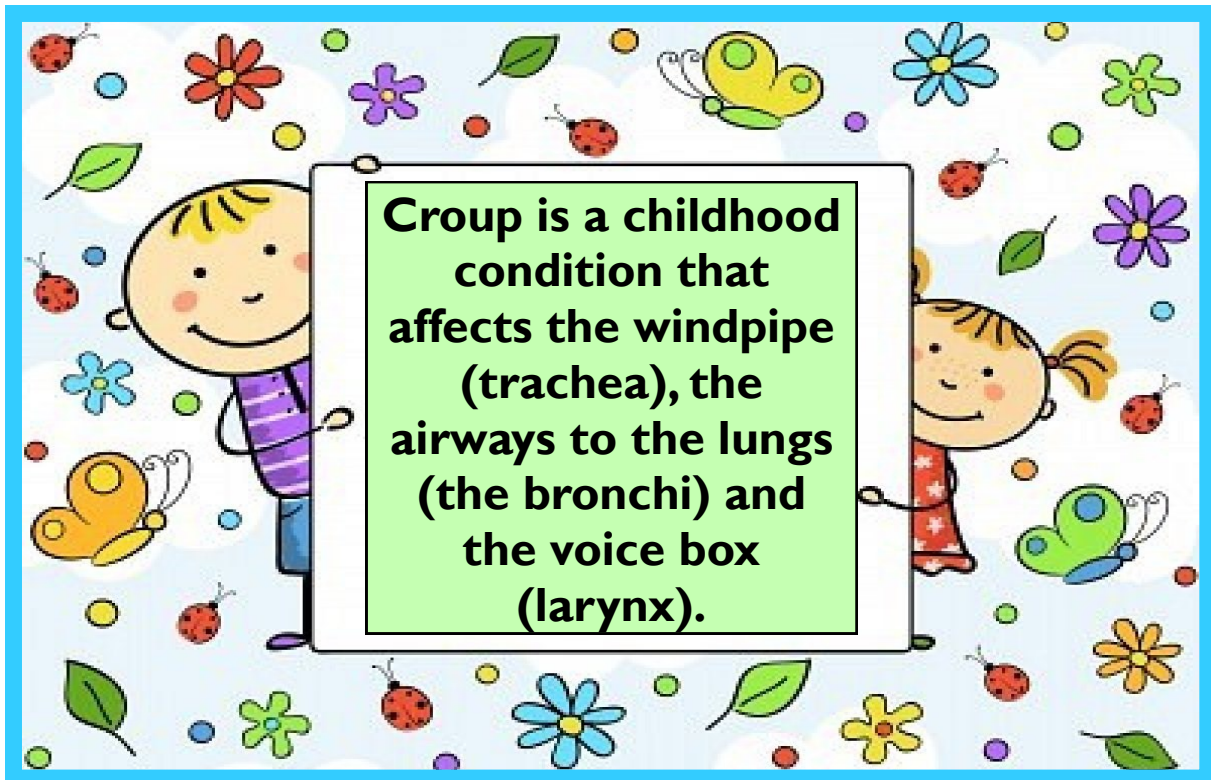


Tell me all about.....

Croup

May 2014





A child with croup has a distinctive barking cough and will make a harsh sound, known as stridor, when they breathe in.

A blocked airway can also cause a hoarse voice and breathing difficulties.

Why does croup happen?

Commonly, croup is caused by a viral infection. In 80% of cases, the parainfluenza virus is responsible.

In some cases, croup may be caused by an allergic reaction.

There are two types of croup:

- Viral croup (laryngotracheitis) - which develops over several days and is caused by an infection
- Spasmodic croup—which involves repeated, short-lasting episodes of croup that can be caused by an allergic reaction

The same treatments are recommended for both viral croup and spasmodic croup.

Treating Croup

Most cases of croup are mild and can be treated at home. Sitting your child upright and comforting them if they are distressed is important, because crying may make symptoms worse. Your child should also drink plenty of fluids to prevent dehydration.

While there is little scientific evidence to support it, some people have found that allowing their child to breathe in steam from a hot bath or shower in a closed room has eased symptoms. Steam should only be used under careful supervision due to the risk of scalding your child.

Painkillers, such as paracetamol and ibuprofen, are available in liquid form, which makes them ideal for young children. You can get liquid paracetamol over the counter from pharmacies and some supermarkets.

Children under 16 years of age should not be given aspirin.

Cough medicines or decongestants do not help ease the symptoms of croup and should not be used. These treatments often have drowsy side effects, which can be dangerous when a child has breathing difficulties.

Hospital Treatment

In severe cases of croup, treatment in hospital maybe required.

Breathing problems, such as shortness of breath, are a major symptom of severe croup.

You should dial 999 immediately for an ambulance if your child is struggling to breathe.

If your child has severe croup, they will be given adrenaline through a nebuliser. This will help improve symptoms within 10 to 30 minutes and the effects should last for up to two hours.

If your child is very distressed and finding it difficult to breathe, they will be given oxygen through an oxygen mask.

As with milder cases of croup, oral dexamethasone or prednisolone will usually be given to help reduce any swelling in your child's airways.

In less than 1% of croup cases that require hospitalisation, a child may need intubation. During intubation, a tube is inserted either through a nostril or the mouth and passed down into the windpipe. This will help your child breathe more easily.

Intubation is usually performed under general anaesthetic. This means your child will be completely unconscious throughout the procedure so they do not experience pain or distress.

Who is affected by croup?

Croup usually affects young children aged between six months and three years, with the most cases occurring in two year olds. However, croup can sometimes develop in older children up to 15 years of age.

About three in 100 children will suffer from croup every year. The condition is more common during the late autumn and early winter months and it tends to affect more boys than girls. It is occasionally possible for a child to experience croup more than once during a childhood.

Complications of croup

Around 60% of croup cases clear up within 48 hours. However, in some cases symptoms can last up to two weeks.

It is very rare for a child to die from croup. There are a number of conditions that can follow croup, such as pneumonia and middle ear infection.

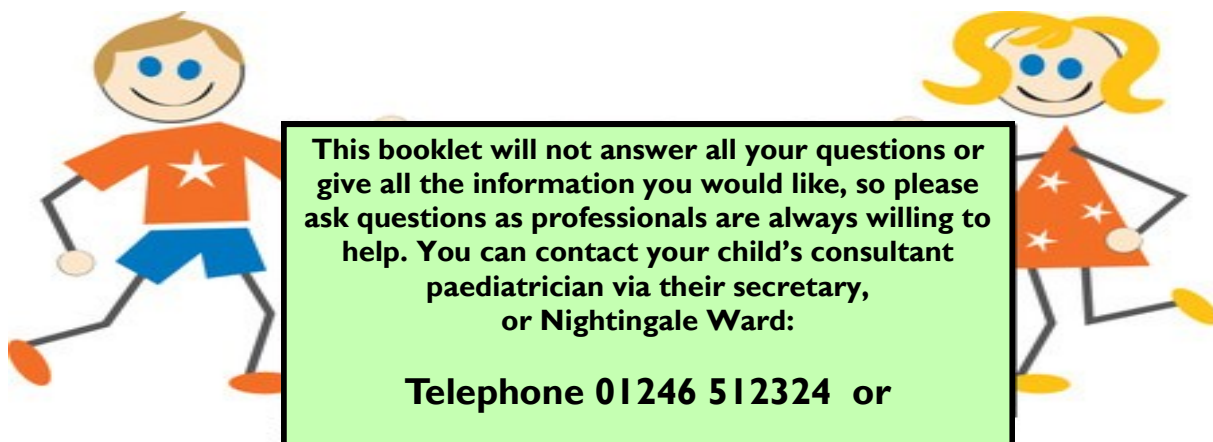
Preventing croup

Croup is spread in a similar way to the common cold, so it is difficult to prevent.

Good hygiene is the main defence against croup, such as regularly washing hands and cleaning surfaces.

A number of your child's routine vaccinations also protect against some of the infections that can cause croup. These include:

- MMR—protection from measles, mumps and rubella
- DTaP/IPV/Hib—protection from diphtheria , tetanus, whooping cough, polio and Haemophilus influenzae type b



This booklet will not answer all your questions or give all the information you would like, so please ask questions as professionals are always willing to help. You can contact your child's consultant paediatrician via their secretary, or Nightingale Ward:

Telephone 01246 512324 or