

# Information for parents of Children with Croup

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This leaflet has been written to provide you with some information about Croup. If, after reading this, you have any questions, please do not hesitate to ask one of the nurses or doctors.

## What is Croup?

Croup is an illness of the voice box, windpipe and airways (tubes leading to the lungs). These are smaller in young children than in adults and so are more easily narrowed due to swelling caused by infection. This can lead to difficulty in breathing.

Croup is usually caused by upper respiratory viral infections (common colds) and flu illnesses. Only certain children suffer the symptoms of Croup when they catch the infection. Many just get a 'cold'. These infections are spread by coughing and close contact. Symptoms can take several days to appear.

## Symptoms

The most typical feature is a barking "croupy" cough, which sounds like a seal. This is **usually worse at night**. The cough may be accompanied by a hoarse voice, sore throat and fever. There may be a harsh crowing sound ("stridor") with each inward breath and wheeze on breathing out. **Symptoms can be aggravated by dry cold air (frosty weather).**

The worst of the illness lasts for 2 or 3 days; however, a cough and wheeze may linger for another 1 or 2 weeks.

You should call your doctor if you feel frightened or worried about your child's illness. Sucking in of the chest wall (rib-cage) when your child breathes or a rapid distressed breathing pattern is a worrying sign.

The diagnosis is usually made by the doctor examining your child. Special tests are not usually required.

## Treatment

Croup can be very upsetting to children and parents. Often, the most important treatment is to keep your child **sitting up** and to **comfort** them in your arms.

Lying down can make breathing more difficult. Most children will benefit from breathing **warm humid air**. A simple method is to sit with your child in a bathroom steamed up with hot water from the bath tub or shower.

Appetite is generally poor during the illness, but it is helpful to encourage regular sips of fluid. Any juice or non-fizzy soft drink your child likes is acceptable.

Activity and excitement, often makes the cough and stridor worse, although children will restrict their own activity quite well. If your child has a fever, try to keep him/her cool (but not cold). **Paracetamol** syrup (e.g. Calpol) can help reduce fever.

**Aspirin should not be given to children.**  
**Sedative cough mixture should not be used.**

Not all cases of croup require admission to hospital. Moderate cases of croup may need a period of monitoring in hospital and severe cases are usually admitted overnight. Moderate and severe cases are usually treated with once or twice daily doses of a **steroid medicine** (e.g. Dexamethasone). This can reduce swelling over several hours and ease breathing. Sometimes steroids and other medicines are given through a nebuliser, and warm humidified oxygen may be used. Severe cases may need nursing on the High Dependency Unit. Because uncomplicated croup is almost always caused by a virus, antibiotics are of no help. If your doctor suspects an associated bacterial infection, however, he/she may prescribe an antibiotic.

**Symptoms of Croup can ease off during the day and get worse overnight.** Sometimes an extra dose of steroid is given to take early in the evening on the day following discharge if a child has required hospital admission.

Children with croup are most contagious during the first days of fever and illness.

Little can be done to prevent spread of infection in a household and it is likely that other youngsters in the family will also develop a sore throat or a cough.

Infants and children may return to school or day care when their temperature is normal and they feel better. A lingering cough is no reason to keep them at home.

If within 3 days of going home you become concerned, ring the hospital switchboard (**01392 411611**) and ask for the ward from which you were discharged. Alternatively, you can ring the Emergency Department on **01392 402303** or if more than 3 days after discharge, ring your GP or Devon Doctors (**0845 6710 270**).

**Ideally, no baby should have contact with cigarette smoke in the home, but this is particularly important for any baby with a respiratory infection. Exposure to smoke increases the risk of complications.**

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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