



STOP!

Croup is an upper airway disorder common amongst infants and children, with a peak incidence in age range **6 months to 3 years**.

It typically presents with **difficulty in breathing**, an **inspiratory stridor** and **“seal-like” barking cough** and **hoarse voice**. Low grade **pyrexia** (up to 38.5°C) is also commonly seen.

Croup is often preceded by viral upper respiratory tract symptoms.

LOOK

Parainfluenza viruses are the most common cause of croup.

Airway symptoms are caused by inflammation at supraglottic, glottic, subglottic and tracheal level causing **airway narrowing** and turbulent airflow (stridor).

Key differentials include:

- Epiglottitis
- Bacterial tracheitis
- Foreign body aspiration

LEARN

Croup management guideline (UHL) <http://bit.ly/2u39ljP>

Keep the child **CALM**. Most cases are mild and respond well to single dose steroid therapy. Oral Dexamethasone **0.15mg/kg/dose**

Moderate/Severe Croup (*biphasic stridor, irritability or reduced conscious level*) may require nebulised adrenaline (**0.4ml/kg 1:1000, max 5mls**) and management in the ER.

