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The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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Croup – Information for Parents and carers *(page 1 of 2)*

What is croup?

Croup is a viral infection of the voice box (larynx) and windpipe (trachea). The virus causes swelling of the upper airway making it narrower and this makes it harder to breathe. It is often mild, and most children soon recover. A steroid medicine is usually prescribed to ease symptoms. Severe breathing difficulties develop in some cases. A small number of children with croup are admitted to hospital, usually for a short time until symptoms ease.

Croup usually affects children up to 5 years old. Some children get croup many times. There is no way to prevent croup as it is caused by different viruses.

What are the symptoms?

- Croup often begins like a normal cold e.g. runny nose and cough.
- Then your child will get a harsh, barking, croupy sounding cough.
- Your child's voice may be hoarse.
- Your child may have a noise when breathing in; this is called 'stridor'.
- The symptoms are usually worse at night and reach their worst on the second or third night.
- Croup may last for 3-4 days.

When to seek medical help?

Contact your GP if you have any concerns about your child. Most children with croup have mild symptoms and soon get better. However, a minority need hospital care.

In particular, see a doctor quickly if:

- Breathing symptoms get worse. (Breathing is often noisy with mild croup, but it is difficulty in breathing that is worrying.) Signs that breathing is getting worse include: rapid breathing; needing more effort to breathe; you may see the chest or neck muscles being pulled in with each breath.
- Your child has stridor (the noise made when breathing in) when at rest
- Your child becomes restless or agitated.
- Your child looks unusually pale.

Sarum Ward
01722 336262 ext 2560

- A high fever persists despite giving paracetamol or ibuprofen.

Dial 999 for an ambulance if your child:

- has blue lips (cyanosed)
- is unusually sleepy
- is struggling to breathe
- is drooling and unable to swallow.

What can I do to help my child at home?

A mild attack of croup is when your child has the barking cough but does not have noisy breathing (stridor) at rest and is not struggling to breathe. Mild croup can usually be managed at home with the following treatment:

- Be calming and reassuring. Try and calm your child, as breathing is often more difficult when your child is upset. Let your child find a comfortable position. Try keeping your child calm by sitting quietly, reading a book or watching a video.
- If your child has a fever and is irritable give paracetamol or ibuprofen (check the dose on the bottle or with your community pharmacist)
- Croup often becomes worse at night so your child may be more settled if someone stays with them.
- Encourage your child to drink fluids to remain hydrated.
- Ensure a smoke free environment. Passive smoking (breathing in somebody else's cigarette smoke) can seriously damage your child's health. It can make breathing problems like croup worse.

In the past steam used to be advised as a treatment. It was thought that steam may 'loosen' the mucus and make it easier to breathe. However, there is little research evidence that this does any good. Also, some children have been scalded by steam whilst being treated for croup. Therefore steam is not recommended.

If your child's croup does not settle and they become more distressed they should be seen by a doctor.

Other treatments

- A steroid medicine such as dexamethasone may be prescribed. Steroid medicines help to reduce the swelling. These do not shorten the length of the illness, but are likely to reduce the severity of breathing symptoms.
- Sometimes a nebuliser is given to reduce the inflammation.
- Antibiotics are not given as croup is usually caused by a virus. Antibiotics do not kill viruses.
- Rarely, severe croup may block a child's airway completely. If this does happen your child will need a breathing tube inserted (intubation) and a 'ventilator' will help your child to breathe. This is just for a short period whilst the infection and inflammation settle down.