

## 1.What is Croup?

Croup is the swelling and collection of mucus in the larynx, trachea (windpipe) and bronchial tubes. This causes the child's breathing to become more difficult and sound hoarse. The inspiratory stridor sounds like a dog barking. A virus is the most common reason for croup affecting children six months to three years of age.

## 2.Types of Croup

### A.Viral Croup:

Initially the child will have cold like symptoms and has usually had croup before. Parainfluenza viruses (types 1 and 2) are the causative factor in 75% of the cases. Respiratory syncytial virus (RSV), adenovirus and influenza virus type A are responsible for 25%.

### B.Bacterial Croup

The child may have epiglottitis, broncholitis, high fever, sore throat and difficulty swallowing. The most common bacteria responsible are Haemophilus influenza type B (HIB). Pneumococcus and streptococcus type A also cause bacterial croup.

## 3.Signs and Symptoms of Croup

Initially the child will have cold like symptoms such as fever, cough, and nasal discharge followed by the typical barking cough and stridor. Symptoms of croup often worsen at night. Breathing may become difficult with a grunting or wheezing noise. The symptoms of croup generally last for 2-3 days but if bronchiolitis or bronchial pneumonia with sputum occurs symptoms may continue for 1-2 weeks. Bacterial croup will have similar symptoms combined with other difficult breathing signs. There may be neck extension, protruded tongue, air hunger, fatigue and weakness. The child may be irritable, crying and have a poor appetite. If urgent medical treatment is not received the result could be fatal!



## 4.How to care for Croup

- a. Make sure your child gets plenty of rest.
- b. Make your child as comfortable as possible. Sitting up with slightly slanted back position allows them to breathe more easily.
- c. Calm the child as much as possible. Hold your child to comfort him or her. Helping your child to relax may help stop the windpipe from constricting and allow for easier breathing.
- d. An oxygen tent may help the child feel better. Cool mist air may also help to reduce swelling in the child's airways. Never leave child unattended while he or she is in an oxygen tent.
- e. Stay awake at all times to monitor your child. If the child has dyspnea (difficult breathing) or hypoxia the lips will appear blue in color, have nasal flaring, intercostal retraction and be irritable.
- f. After the acute stage, care is the same as that for the common cold. If there is chest congestion with mucus follow the Doctor's orders regarding chest percussion and suction.

## 5.ALERT

After your child goes home and experiences difficulty breathing, ribs pulling in with each breath, restlessness and irritability please see your Doctor.



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