

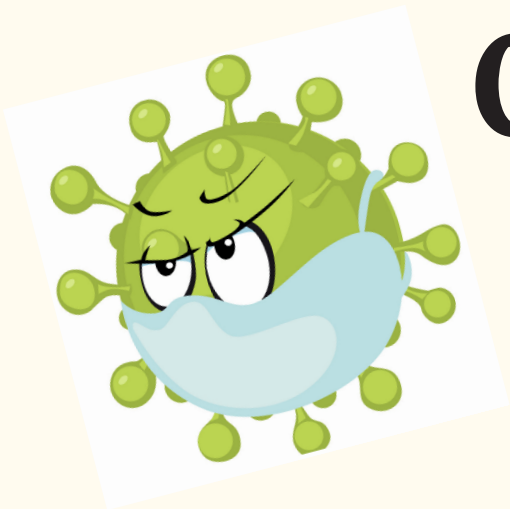
CROUP

LARYGOTRACHEOBRONCHITIS

An acute respiratory illness causing inflammation and narrowing of the sub-glottic region of the larynx.

01 *The child...*

- Stridor
- Barking (seal-like cough)
 - Often worse at night
- Hoarseness
- Respiratory Distress
- +/- Fever
- +/- Coryza

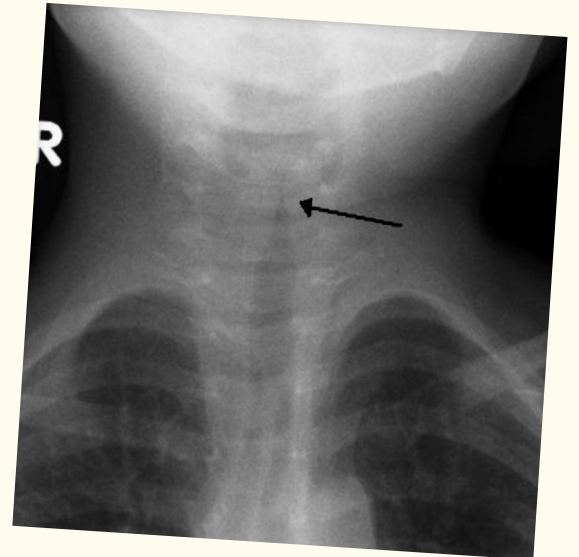


02 *The pathophysiology...*

- Caused by a viral infection
 - Parainfluenza viruses 1-3 - most common
 - Influenza viruses A & B
 - Respiratory syncytial virus (RSV)
- Results in sub-glottic airway narrowing

03 *The examination...*

- If possible allow the child to sit on a carers lap
- Do not force them to lie down!
- Do not examine their throat!
- Assessment of **SEVERITY** is based on:
 - Respiratory rate (RR)
 - O2 saturations (% SaO2)
 - Respiratory distress
 - Heart rate (HR)
 - Exhaustion
- X-Ray (not necessary) --> 'Steeple Sign'



04 *Differential diagnoses to consider...*

1. Acute foreign body aspiration
2. Acute anaphylaxis
3. Bacterial upper tract infections:
 - a. Bacterial tracheitis
 - b. Epiglottitis

05 *Management...*

MILD

1. No signs of severe croup
2. Clinical signs present when upset or active but not present at rest

1. Dexamethasone PO 0.15mg/kg - single dose
2. No need for period of observation in ED
3. Home with croup advice sheet

MODERATE

1. No signs of severe croup
2. Clinical signs present at rest and worsen when active

1. Dexamethasone PO 0.15mg/kg - single dose
2. Observe in ED for 2-3 hours
3. Home with croup advice sheet if symptoms at rest relieve
4. Consider nebulised adrenaline (5m of 1:1000)

Severe

1. Severe respiratory distress
2. Cyanosis
3. Exhaustion - paradoxical decrease/absence of stridor and distress

1. Nebulised adrenaline (5m of 1:1000) - can repeat
2. Dexamethasone PO/IV 0.15mg/kg
3. O2 by face mask
4. Seek senior help
5. Request urgent PICU review