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Croup

***Information for
parents and carers***



Royal Aberdeen Children's Hospital

What can your GP do?

Sometimes, giving a child a corticosteroid can reduce the symptoms after a few hours. If the symptoms are severe, your child may need to go to hospital for further observation and treatment.

Contact phone number

After you go home, if you have any concerns about your child's croup you can contact your own GP or:

Medical Ward

 01224 550380 or 550116

or

Paediatric Assessment Unit

 01224 550309

How long does croup last?

The difficulty in breathing may only last one or two days, and only happen at night. The cough takes a little longer to clear. Antibiotics do not work as croup is caused by a virus.

When to worry

Call your GP/doctor right away if:

- Your child's breathing is difficult, or becomes unusually fast (especially if your child has not been coughing recently).
- Your child becomes pale or blue. The most likely time will be after a coughing spell.
- Your child becomes irritable, restless or delirious.
- Your child has a high temperature and it keeps rising even after you have given them paracetamol.
- Your child drools and refuses to drink.
- You become concerned for any other reason, and if your child already has an underlying respiratory problem.

Do not hesitate to seek medical advice if you are concerned.

What is croup?

Croup is a common respiratory illness in children. It is very common during the autumn and early winter months. Croup usually affects children under three years old. It also tends to develop during the night, causing distress and a disturbed sleep for the child.

Croup is caused by an inflammation of the windpipe (trachea) and voice box (larynx). The usual cause of the inflammation is a virus (called parainfluenza type 1). It can be very alarming.

A child with croup has a harsh, dry, explosive, "barking" cough. They can have difficulty breathing, which is worse when they are upset. Before the cough develops, they may have a sore throat, raised temperature, red eyes or a poor appetite.

Why does it happen?

When we breathe, air passes through the voice box and windpipe into the lungs.

With croup, the voice box and windpipe become inflamed. The inflammation is caused by the lining of the windpipe becoming swollen, and thick mucus sticking to the walls of the windpipe. This causes the windpipe to partially collapse when your child breathes in.

Young children have small soft windpipes and so get into the most difficulty. The size and strength of the windpipe increase as your child gets older, so croup is less common in older children.

When a child with croup breathes in, the narrowed and inflamed windpipe produces a “crowing” noise, which the doctors call “stridor”.

What can you do?

Reassure your child

Speak calmly to your child and give them lots of cuddles. Try to appear calm and in control, even if you feel distressed.

Help with your child’s breathing

Sit your child up in the bed, well supported with pillows.

If you have a baby or infant with croup, hold them in an upright position. You could raise the head of their cot or place them securely in a baby chair in an upright position.

Humidification (making the air more moist)

The thick mucus can dry out and stick to the windpipe. Some parents find that humidified (moistened) air helps their child by opening the airways a little and keeping them moist.

Croup is often worse at night because the air is driest at this time. You can moisten the air by leaving a hot shower running. However, do not put your child under the shower. Do not leave your child alone in the bathroom or the kitchen.

Encourage your child to take fluids

Do not worry if your child does not want to eat. Encourage them to take fluids, including ice cream, milkshakes etc.

Check your child’s temperature regularly

If your child has a temperature, you could give them paracetamol (always follow the instructions on the bottle or pack). Take off some of their clothing.