

When are the symptoms worse?

Diarrhoea usually lasts five to seven days but may continue for up to two weeks. Vomiting usually does not last for more than three to four days. Please see the traffic light advice overleaf to help you monitor the condition of your child.

- The symptoms are often worse at night.
- Typically, during the day a child may have a croupy cough with cold symptoms, but are not too unwell.
- However, at night the cough and breathing symptoms often become worse.
- Symptoms usually peak after 1-3 days, and then improve.
- A mild cough may last a further few weeks.

How can I help my child?

Be calming and reassuring

Small children can be distressed with croup. Crying can make things worse.

Positioning

Sit your child upright on your lap if their breathing is noisy or difficult.

Lower their fever

A high temperature makes breathing faster/more difficult. To reduce a fever give paracetamol liquid or Ibuprofen. You should not give both at the same time, but if one does not work after 2-3 hrs you may wish to try the other. Lightly dress the child if the room is not cold. Give them cool drinks if they are happy to take them.

Cool air

A stroll outdoors, carrying the child upright in the cool fresh air sometimes helps. There is no evidence that steam helps.

DO NOT make a child with breathing difficulty lie down or drink fluids if they do not want to, as it may distress them and that could make breathing worse.

Make sure your child is not exposed to tobacco smoke.

Remember smoke remains on your clothes even if you smoke outside.

Passive smoking makes breathing problems like croup worse.

Useful Contacts

Find your local pharmacy at www.nhs.uk

Health Visitor:

Your GP Surgery:

NHS 111 provides advice for urgent care needs.

Please contact your GP when the surgery is open or call **NHS 111** when the GP surgery is closed.

NHS 111 is available 24 hours a day, 365 days a year. Calls from landlines and mobile phones are free.

For online advice and information

NHS Choices: www.nhs.uk

If you are worried about your child,
trust your instincts.

Contact your GP or dial NHS 111

Based on Oxford University Hospitals Croup Advice Leaflet

This guidance is written in the following context

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer.

**This was approved by Oxfordshire CCG 26th July 2017
and is to be reviewed 26th July 2018**

Croup

Advice Sheet for parents and carers of
children aged 6 years and under

What Is Croup?

Croup is an infection of the larynx (voice box) and trachea (windpipe). These are the upper and lower parts of the breathing tube that connects the mouth to the top of the lungs.

The usual cause of croup is a viral infection. Several viruses can cause croup.

Croup is common in young children and occurs most commonly between the ages of one and three years. As children become older, their breathing tube becomes firmer and wider. Therefore, croup becomes uncommon after the age of six years.

What are the symptoms?

Cough, which is usually harsh and barking due to inflammation and swelling of the vocal cords.

Breathing symptoms. Noisy breathing due to inflammation and mucus in the airway. Breathing may become difficult if the narrowing becomes worse.

Other symptoms that may occur include a runny nose, hoarseness, and sore throat.

Croup may follow a cold, but can also appear without any earlier illness. Other cold or flu-type symptoms may also occur. For example, fever, feeling unwell, being off food, and general aches and pains.

How Serious Is Croup?

Symptoms are often fairly mild, but sometimes become severe.

- Many children just get a croupy cough with some cold symptoms. Any breathing difficulty is often mild.
- Parents can expect to have one or two disturbed nights nursing a coughing child.
- Most children with croup remain at home and soon recover.
- The main concern is if severe narrowing of the breathing tube develops. If this occurs then breathing can become difficult.
- About 1 in 10 children with croup are admitted to hospital for observation. This is usually if symptoms suggest a narrowing of the breathing tube.
- Most children admitted to hospital come home within 24 hours as symptoms usually improve quickly.

Treatments

- Antibiotics are not usually helpful as croup is normally caused by a virus. Antibiotics do not kill viruses.
- Steroid medicines help to reduce swelling and the severity of breathing symptoms. A single dose often eases symptoms within a few hours.
- A steroid medicine such as dexamethasone or prednisolone is usually prescribed.
- Sometimes a second dose of steroid is required but it is unusual to require more than this.
- DO NOT give medicines which contain ingredients that can make a child drowsy, such as cough mixtures or antihistamines. This will not help a child who may need extra effort to breathe.
- There is no evidence that cough medicines and decongestants help in croup.

What do I do if my child has croup? (traffic light advice)
Most children with croup get better over time, but some children can get worse. You need to regularly check your child and follow the advice below.



RED

If your child has:

- has blue lips
- **or** if your child is unresponsive or very irritable
- **or** if your child is struggling to breathe
- **or** if your child is unable to swallow and is drooling

YOU NEED EMERGENCY HELP CALL 999

You need to be seen at the A&E department Nearest Hospitals (open 24 hours, seven days a week):

- John Radcliffe, Oxford
- Horton, Banbury
- Royal Berkshire, Reading
- Great Western, Swindon
- Stoke Mandeville, Aylesbury

Bring your child's Red Book with you.



AMBER

If your child has any one of these below:

- If your child's health gets worse or you are worried
- or your child becomes restless or agitated
- or has increased difficulty (rather than noise) in breathing. Signs that breathing is getting worse include:
- Rapid Breathing
- Needing more effort to breathe
- Pulling in of the chest or neck muscles
- Flaring of nostrils
- or your child becomes unusually pale
- or if your child's temperature is above 39°C despite giving paracetamol and/or ibuprofen

SEEK MEDICAL ADVICE TODAY

Ring your GP surgery - Mon-Fri, 8am to 6.30pm

Your GP may want to speak to you on the phone first to give you medical advice. They will arrange to see your child if it is appropriate

All other times and bank holidays call **NHS 111**

Bring your child's Red Book with you.



GREEN

If none of the features in the red or amber boxes above are present.

SELF CARE

Using the advice on this leaflet you can care for your child at home.

If you feel you need advice please contact your Health Visitor, GP surgery or your local pharmacy (follow the links at www.nhs.uk) You can also call **NHS 111**