

## **CROUP**

There are not many conditions that a triage nurse is able to identify by sound alone, Croup happens to be one that is fairly easy to recognize by its characteristic barking sounding cough. Many parents and healthcare professionals will say “once you have heard it, you will never forget it”.

**What is it:** Croup is a viral infection of the upper airway, mainly the larynx and trachea.

**Who is at risk:** Most at risk for developing Croup as children between the ages of 6 months and 3 years with the peak incidence around age 24 months.

**Cause:** Croup is a viral illness, normally the parainfluenza virus.

**Contagiousness:** Croup is contagious and is spread by airborne droplets. It is spread by sneezing, coughing or coming into contact with infected droplets left on doors, furniture, toys or other objects.

**Symptoms:** Croup often begins as a typical cold, with nasal drainage and a cough. Croup has a distinct barking cough and harsh raspy sound with inspiration.

**Incubation:** 24-72 hours between exposure to virus and development of symptoms.

**How is it diagnosed:** Diagnosis is usually made by the physician listening to the characteristic barking sounding cough, hoarse voice and stridor during inhalation. An x-ray of the neck will often show a elongated narrowing of the region called a “steeple sign”.

**Complications:** Most cases of Croup are mild and will resolve without Rx medications, however a major concern is complications related to severe airway swelling interfering with breathing.

**Home Treatment:** Warm mist humidifier or allowing the child breath in steam from a hot shower will often relief respiratory symptoms. Using saline drops to clear nasal mucus. Fluids to stay hydrated. In moderate to severe cases where stridor is present, the child may require a steroid.

**Did you know?** Studies suggest that acid reflux may be a contributing factor in children with recurrent croup.

When triaging a patient with a barking cough, it is important that the triage nurse not get “blinders on” and fail to rule out other causes such as the child may have swallowed or inhaled a foreign body or is having an allergic reaction to something. This is where asking the right questions at the beginning of the triage will lead the nurse to the correct guideline. Once in the proper guideline and the emergent symptoms have been ruled out, the triage nurse can focus on giving the parent the home care needed to lessen the child’s symptoms and ease the parent’s anxiety. As with any respiratory ailment, the parent should be taught what respiratory symptoms to watch out for that would warrant a trip to the emergency room such as increased respiratory rate, cyanosis with or without coughing, extreme irritability, abdominal or intercostal retractions or nasal flaring.

