A common childhood illness, croup is a viral infection that affects the vocal cords caused by the Para-influenza virus. Because the virus causes inflammation of and around the vocal cords, the quality of the voice is distorted. Croup generally affects children aged 2 to 4 years, and symptoms commonly worsen at night.

**Findings typical of croup:**
1. Gradual onset (At night can occur abruptly)
2. History of low-grade fever
3. “Seal-bark” coughs
4. Signs of partial upper airway obstruction (stridor)

In mild to moderate croup, the symptoms often sound worse than the condition actually is. A child with severe croup may not sound as bad as a child with mild croup because with severe croup less air is moving through the blocked airway.

It is critical to avoid agitating a child who is experiencing partial upper airway obstruction, no matter what the cause. Do not assess blood pressure or obtain vascular access, etc. if it will further agitate the child. When appropriate, allow parents / guardians to assist with treatments such as nebulized medications.

**Basic Treatment Guidelines:**
1. Follow initial protocol for all patients.
2. Administer oxygen unless patient condition warrants otherwise.

**Advanced Treatment Guidelines:**
1. Do not initiate IV access unless warranted by profound patient deterioration.
2. Monitor ECG.
3. In mild cases, administer nebulized 0.9% **NORMAL SALINE** as tolerated.

4. In patients presenting with the typical croup findings as listed above and related respiratory distress, administer **RACEMIC EPINEPHRINE** 0.5 ml of 2.25% solution in 2.5 ml of **NORMAL SALINE** nebulized.

Be alert for tachycardia related compromise and discontinue if appropriate. **Avoid RACEMIC EPINEPHRINE** in patients with underlying cardiovascular disease or epiglottitis.