

## Croup Syndromes

	<b>Acute Epiglottitis (Supraglottitis)</b>	<b>Acute Laryngotracheobronchitis (LTB)</b>	<b>Acute Spasmodic Laryngitis (Spasmodic Croup)</b>	<b>Acute Tracheitis</b>
Age	2-8 years old	3 months-3 years old	1-3 years old	5-7 years old
Etiologic Agent	<i>Haemophilus influenzae</i> type B (Hib)	Parainfluenza virus, RSV, influenza, and Mycoplasma	Viral or allergic trigger, can be recurrent	<i>Staphylococcus aureus</i> (most common), <i>H. influenzae</i> , <i>Moraxella</i>
Onset	Sudden, rapid	Gradual after URI	Sudden, often at night	Gradual, follows viral illness
Major Symptoms	High fever, sore throat, drooling, tripodding, anxiety, muffled voice, dysphagia	Low-grade fever, barking/seal-like cough, hoarseness, inspiratory stridor, retractions	Barking cough, hoarseness, stridor, no or low fever, otherwise well during the day	Thick, purulent tracheal secretions, croup-like cough not improving w/ typical therapy, toxic appearance
Treatment	EMERGENCY, protect airway. Prepare for intubation/tracheostomy. Humidified O2, IV Abx (ceftriaxone), corticosteroids; Hib vax for prevention	Cool mist, humidified air, racemic epinephrine (nebulized), corticosteroids – dexamethasone), O2 PRN, encourage fluids, monitor for worsening respiratory distress	Cool mist, reassurance, exposure to cool night air or steam from shower, possible corticosteroids if severe, self-limiting (resolves in hours)	Airway management (possible intubation) suctioning, IV Abx, humidified O2, close monitoring for airway obstruction