

## Croup Syndromes

	<b>Acute Epiglottitis (Supraglottitis)</b>	<b>Acute Laryngotracheobronchitis (LTB)</b>	<b>Acute Spasmodic Laryngitis (Spasmodic Croup)</b>	<b>Acute Tracheitis</b>
Age	2-5 years	Infant or child younger than 5 years	1-3 years	1 month old – 6 years old
Etiologic Agent	Bacterial (Hib)	Viral (parainfluenza virus)	Viral with allergic component	Viral or bacterial with allergic component
Onset	Rapidly progressive	Gradual, often post URI	Sudden and often at night	Moderately progressive
Major Symptoms	Dysphagia, stridor aggravated when supine, drooling, high fever, toxic appearance, rapid pulse and respirations	Brassy cough, uri, stridor, hoarseness, dyspnea, restlessness, irritability, ow grade fever, nontoxic appearance	Uri, croup cough, stridor, hoarseness, dyspnea, restlessness, symptoms that awaken child but disappear during day, tendency to recur	URI, croupy cough, purulent secretions, high fever, no response to LTB therapy
Treatment	Airway protection, possible intubation, trach, humidified oxygen corticosteroids, fluids, ABX, reassurance	Humidified mist prn, corticosteroids, fluids, reassurance, nebulized epinephrine, heliox	Cool mist, reassurance	ABX, fluids.