HEALTH BASICS

Managing an episode of croup

Practical steps for caring for a child with croup and recognizing breathing trouble.

WHAT IT IS
Practical steps for caring for a child during croup

WHERE IT COMES UP
During a barking cough or noisy breathing episode

WHY IT MATTERS
Helps identify breathing trouble needing urgent care

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Primary care, urgent care, or emergency services

HOW IT IS CHECKED
Clinical breathing assessment; tests are usually unnecessary

Overview

Croup is an illness that causes swelling around the voice box and windpipe. This article is about managing an episode, rather than treating "management" as a disease.

Croup usually causes a barking cough, a hoarse voice, and sometimes a harsh sound when the child breathes in. That sound is called stridor . Symptoms often become more noticeable at night or when the child is upset.

Many episodes can be managed at home after appropriate medical advice. The important task is to watch how the child breathes when calm. A child who is struggling to breathe needs urgent or emergency care.

Other conditions can look like croup. Do not assume every barking cough or noisy breath is croup, especially when symptoms began suddenly, followed choking, or include drooling or difficulty swallowing.

How it works

Croup is most often caused by a virus. Inflammation makes the upper airway narrower. Young

children have small airways, so even modest swelling can make breathing noisy.

Stridor comes from the upper airway, near the throat. It is different from wheezing , a musical sound that usually comes from the lungs and is often louder when breathing out.

A child may have stridor only while crying or coughing. Stridor that continues while the child is resting calmly suggests more airway narrowing and needs urgent clinical assessment.

Clinicians usually recognize croup by asking about the illness and watching and listening to the child breathe. Throat swabs, blood tests, and X-rays are not routinely needed. Tests may be considered when the pattern is unusual or another condition is possible.

Treatment depends on the breathing assessment. A clinician may give a corticosteroid, such as dexamethasone. This medicine reduces airway swelling; it is not the same as an anabolic steroid.

A child with more serious breathing difficulty may receive nebulized epinephrine, also called adrenaline. This medicine is breathed in as a mist and can reduce swelling quickly, but its effect is temporary. The child is therefore observed afterward in a healthcare setting.

Why it matters for your health

The severity of croup is judged mainly by breathing effort, not by how dramatic the cough sounds. A loud barking cough can be upsetting without causing serious breathing trouble. A quieter child who is exhausted or struggling for each breath may need much faster help.

Keeping the child calm can make breathing easier. Crying increases airflow through the narrowed airway and may make stridor louder. Hold or sit with the child in a comfortable position. Do not force them to lie flat.

Fluids help prevent dehydration, but breathing comes first. Offer small, frequent drinks if the child can swallow comfortably. Do not pressure a child to drink while they are working hard to breathe.

Steam is not a proven treatment for airway swelling, and hot water or steam can cause burns. Cough and cold medicines do not open the narrowed upper airway. Antibiotics like amoxicillin or doxycycline do not treat ordinary viral croup, although they may be needed if a clinician identifies a separate bacterial infection.

What can go wrong

The main concern is worsening upper-airway narrowing. Breathing may become increasingly

difficult, particularly overnight.

Call emergency services if the child:

Seek urgent medical assessment if stridor is present while the child is calm, breathing is becoming harder, or symptoms are not responding to the plan already provided. Do not rely on a normal reading from a home oxygen monitor if the child visibly has trouble breathing.

Several named conditions may resemble croup and need different treatment:

Sudden breathing trouble, especially after choking or exposure to a possible allergen, should be treated as an emergency rather than assumed to be croup.

- Is struggling for each breath or has marked pulling in at the ribs or neck
- Has blue, grey, or unusually pale lips or skin
- Has pauses in breathing, collapses, or is difficult to wake
- Cannot speak, cry, or drink because of breathlessness
- Is drooling or cannot swallow
- Becomes unusually still, weak, or exhausted while breathing remains difficult
- Foreign-body airway obstruction: food or an object becomes lodged in the airway, often after sudden choking
- Epiglottitis: serious swelling near the entrance to the windpipe, which may cause drooling and difficulty swallowing
- Bacterial tracheitis: a bacterial windpipe infection that can cause severe breathing difficulty and a child who appears very unwell
- Anaphylaxis: a severe allergic reaction that may cause sudden airway swelling, hives, vomiting, or collapse

What you can do

During an episode, stay with the child and watch their breathing while they are settled. Note whether stridor occurs only during crying or also at rest.

Practical steps include:

Do not delay emergency help to make a recording, take a temperature, or try home remedies.

If a clinician has prescribed a corticosteroid like prednisone or hydrocortisone , give it exactly as directed. Ask what improvement to expect and what signs should prompt reassessment. Do not use someone else's medicine or repeat a dose unless instructed.

No home test confirms croup. A pulse oximeter cannot measure upper-airway swelling and may not show a problem early. The child's breathing effort, alertness, colour, and ability to speak or drink are more important when deciding whether to seek help.

If the child improves as expected, routine follow-up or testing may not be necessary. Arrange a non-urgent appointment if episodes keep returning, occur in an unusual pattern, or noisy breathing or hoarseness continues after the illness has otherwise cleared. Ask whether an airway or specialist assessment is appropriate.

- Keep the child calm and allow an upright, comfortable position
- Offer small amounts of fluid if swallowing and breathing are comfortable
- Use fever or pain medicine only as directed on the label or by a clinician
- Record when symptoms began and any medicines already given
- Take a short video of the breathing sound if it is safe to do so
- Keep the child away from tobacco smoke and other airway irritants

Common questions

Should I take the child into cold air?

Some families report brief improvement in cool air, but it should not replace medical assessment or prescribed treatment. Avoid exposing the child to uncomfortable temperatures, and never delay emergency care to try it.

Does a humidifier help?

Humidified air has not been shown to reliably improve croup. A cool-mist humidifier may make a dry room more comfortable, but it must be cleaned carefully. Avoid hot-mist devices and steam because of burn risk.

Can the child sleep?

A child who is breathing comfortably may sleep, but check them regularly and remain close enough to hear changes. Seek urgent help if there is stridor at rest, increasing chest or neck pulling, unusual sleepiness, or difficulty waking.

Is the barking cough itself an emergency?

Not usually. The breathing pattern matters more than the sound of the cough. Emergency signs include severe breathing effort, colour change, pauses in breathing, exhaustion, drooling, or inability to speak or drink.

Are antibiotics needed?

Most croup is viral, so antibiotics do not help. A clinician may prescribe antibiotics only when a separate bacterial infection is suspected or confirmed.

Can croup return?

Some children have more than one episode. Repeated, unusually severe, or atypical episodes deserve routine medical review to consider other causes of upper-airway narrowing.

Sources

- NHS. "Croup."
- Canadian Paediatric Society. "Acute management of croup in the emergency department."
- Royal Children's Hospital Melbourne. "Clinical Practice Guideline: Croup."
- Cochrane. "Glucocorticoids for croup in children," Cochrane Database of Systematic Reviews, 2023.