Priority Topic: CROUP

Key Features:

For a single source on this topic: Croup - Diagnosis and Management AAFP 2018

1. In patients with croup,
   a) Identify the need for respiratory assistance (e.g., assess ABCs, fatigue, somnolence, paradoxical breathing, in drawing)
   b) Provide that assistance when indicated.

   What you should study:
   ✓ Respiratory Emergencies in Children

2. Before attributing stridor to croup, consider other possible causes (e.g., anaphylaxis, foreign body (airway or esophagus), retropharyngeal abscess, epiglottitis).

   What you should study:
   ✓ Croup - Diagnosis and Management AAFP 2018 - Table 1: DDx

3. In any patient presenting with respiratory symptoms, look specifically for the signs and symptoms that differentiate upper from lower respiratory disease (e.g., stridor vs. wheeze vs. whoop).

   What you should study:
   ✓ Couldn’t find an article on this. The AAFP article has a link to a youtube video of what croup sounds like
4. In a child presenting with a **clear history and physical examination** compatible with mild to moderate croup, make the **clinical diagnosis** without further testing (e.g., do not routinely X-ray).

**What you should study:**

- ✔ **Croup - Diagnosis and Management AAFP 2018**

5. In patients with a diagnosis of croup, **use steroids** (do not under treat mild-to-moderate cases of croup).

**What you should study:**

- ✔ **Croup - Diagnosis and Management AAFP 2018** section on corticosteroids

6. In a patient presenting with croup, **address parental concerns** (e.g., not minimizing the symptoms and their impact on the parents), acknowledging fluctuating course of the disease, **providing a plan anticipating recurrence** of the symptoms.

- ✔ **Just do it!**