

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.