

# Things We Take *for Granted*



*A Mother's Account of Her Child's Struggle with Croup*

## *A Message from Dr. William Craig*

**CROUP IS AN ILLNESS THAT AFFECTS YOUNG CHILDREN.** It can come on quite suddenly and can cause severe coughing. In some cases, the child may have difficulty breathing. It is a stressful time for the parents of a young child.

Our first goal as health care professionals is to take care of your child. Another goal is to make sure that you have the information you need to understand your child's illness. Understanding the illness and how it is treated will ease the stress that you may have when your child is sick.

This booklet includes the story of a parent like you who had a child with croup. The story tells about one family's experience. The story also includes medical information on the illness and how it is treated.

A story told through the eyes of a parent is a novel approach to passing on information. Most of



us, from the very young to the very old, enjoy a good story. Stories also help us remember details – more so than reading a textbook or a scientific report.

This booklet includes one family's story but not all cases of croup are the same. Some are very mild and can be treated at home. In other cases the child should be seen by a doctor or at the emergency department.

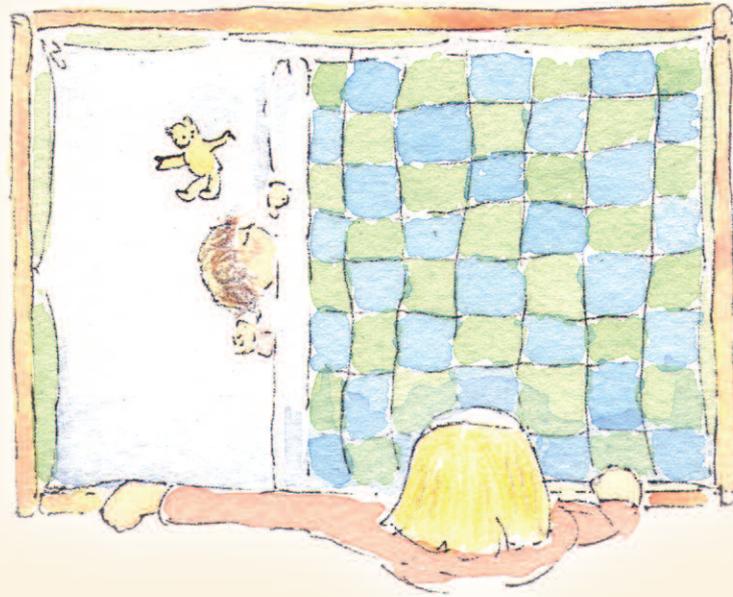
I hope that this story will help answer some of the questions you have about croup. I also hope that you will find interest in reading other parents' stories, and that you will find comfort in knowing that you are not alone in your experience with croup. ■

**DR. WILLIAM CRAIG, MD**

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*For more information on croup and how it can be treated please visit the Alberta Medical Association website to find the Clinical Practice Guideline (CPG) on Croup: [www.albertadoctors.org](http://www.albertadoctors.org)*



I have just come from putting my 13-month old baby to bed for the night. I took extra time tonight to rock him to sleep. I listened to the sound of his breathing. I watched the steady movement of his chest as he breathed in and out. After what we have been through this last week, I find that I want to enjoy the small things we often take for granted.

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**I**T ALL STARTED A WEEK AGO when Matthew got a cough. The family doctor thought that it was just a regular cold.

“Give him Tylenol if he is uncomfortable, and make sure that he drinks lots of liquids,” the doctor offered.

That night Matthew’s coughing got worse. He also sounded out of breath and neither of us managed to get much sleep.

The next morning, I took him to a walk-in clinic. The doctor listened to Matthew’s chest and told me that he had asthma. He gave us a prescription for some medicine called Ventolin. Even with the medicine, Matthew didn’t seem to get any better. By supertime his cough had a bark-like sound that started to worry me. I gave him another dose of the medicine and put him to bed right after dinner. A couple of hours later, Matthew was awake again. Now he was having a hard time breathing.

*By supertime  
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that started to  
worry me.*



I remembered seeing a sign with a phone number to call for health information when I had last taken Matthew to the clinic for his shots. I found the number in the blue pages of the phone book under Health Link. Before long a nurse was on the other end of the line. The nurse asked a lot of questions about Matthew's cough and his breathing.

*The most important thing to do for the coughing, is to have your child breathe cool air.*

“The most important thing to do for the coughing,” the nurse told me, “is to have your child breathe cool air. You can open a window in his room, take him outside for several minutes, take him for a car ride with the windows rolled down, or open the freezer door and let him breathe the cold air. But,” she warned, “remember to keep him dressed warmly.”

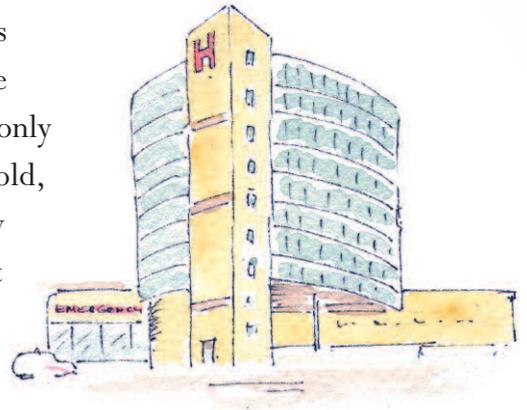
Then she added, “If you have tried these things and he is still having trouble breathing, you should take your son to the emergency department.”







I opened the window, bundled him up in his favourite blanket, and we sat together in the rocking chair breathing in the cool air. The only thing that happened was that we both got cold, I got more and more nervous, and Matthew just wouldn't sit still. Next stop – I thought to myself as I packed his diaper bag – the emergency department.



*Matthew, who was now feverish, struggled with every breath in and coughed with every breath out.*

The nurse at the emergency department took us to an examination room right away. Matthew, who was now feverish, struggled with every breath in and coughed with every breath out. We had not waited long before the doctor came in. She read the chart and asked me some questions.

She listened to Matthew's chest and announced, "Your son has a bad case of croup."

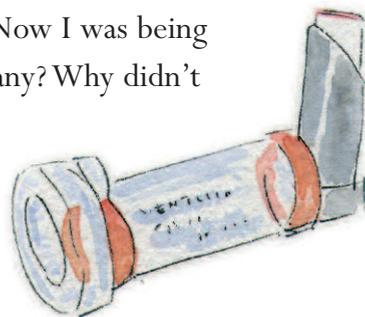


I was confused. First I had been told that Matthew just had a cold. Then the doctor at the clinic said he had asthma. Now I was being told that he had croup. Which one did he have, if any? Why didn't anyone agree? Was he going to be okay?

“Croup is often mistaken for asthma, especially in young children”, the doctor explained, “but croup affects the throat and the windpipe instead of the lungs. With croup we often hear a sharp,

barky cough and sometimes we can hear a high pitched sound when the child breathes in. This sound is called stridor. When a child has asthma we hear a wheezing sound when they breathe out. This is one way that we can tell the difference between croup and asthma.”

She explained that the medicine that I had been giving Matthew at home would not help with croup. Instead, she said that the nurse would give him a drug called epinephrine through a mask, and that this



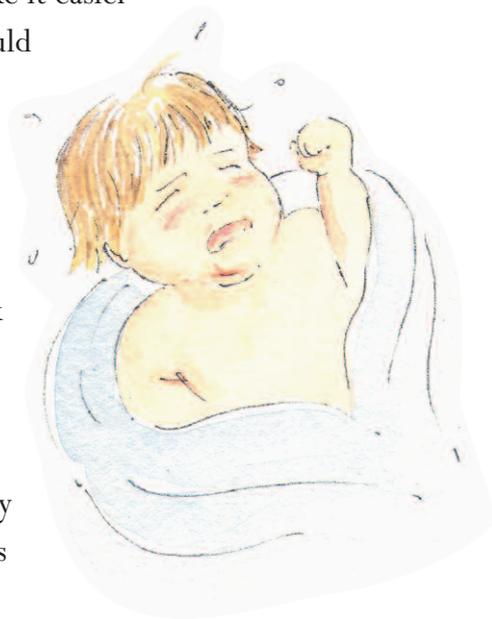
*She explained that the medicine that I had been giving Matthew at home would not help with croup.*



*The steroid would help with the swelling in his throat and make it easier for him to breathe*

would help him breathe. She explained that the epinephrine helps right away but doesn't last very long, so they would also give him a steroid called dexamethasone. The steroid would help with the swelling in his throat and make it easier for him to breathe, but it would take a few hours to work.

The nurse put the mask over Matthew's nose and mouth. Matthew became very upset. He was crying and trying to pull the mask off. I held the mask in place for several minutes and tried to comfort him. Matthew's breathing became much easier. Then the nurse lifted the mask and quickly squirted the dexamethasone syrup into his mouth with a syringe.



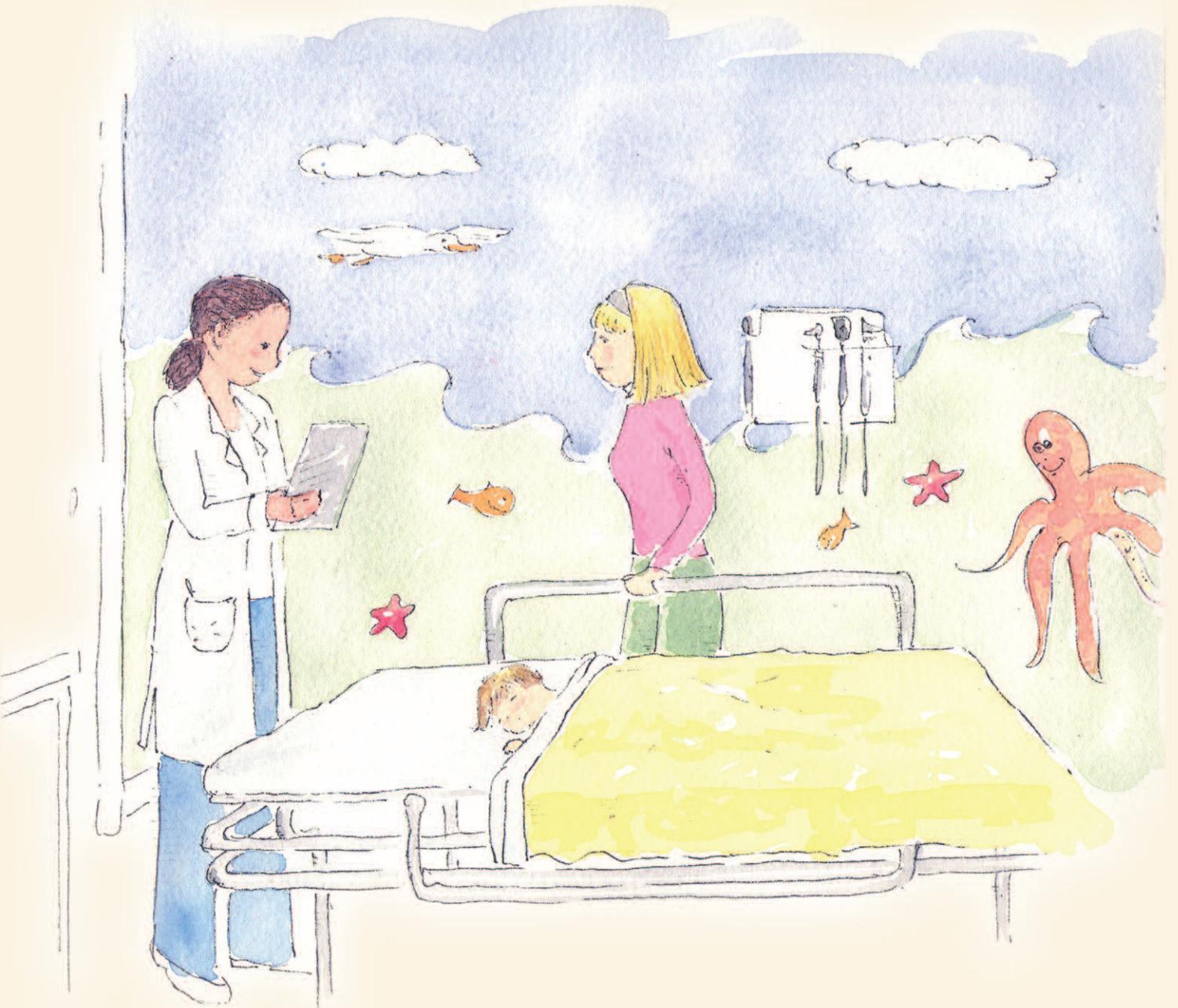


Shortly after the medicine in the mask, Matthew's breathing became almost normal. I hoped that we would be able to go home soon but the nurse explained that the effects of the medicine can wear off and that it was important to stay so that they could watch Matthew. Two hours later, Matthew was restless and coughing again. I was very upset when the doctor came in a while later and told us that we had to stay at the hospital.

*I wondered whether any of the doctors knew what they were talking about.*

"Sometimes the medicines don't work as well as we'd like." The nurse came in again and gave Matthew more epinephrine. The night drifted on...and the coughing continued.

At one point, the nurse poked her head into the room and asked if everything was OK. "NO", I wanted to shout, "IT'S NOT OK...My son is lying here in a hospital bed with a mask over his face like a patient on *ER*...I'm confused, I'm scared, and I'm tired." But I didn't speak the words that were circling in my head. I just nodded and forced out a smile.





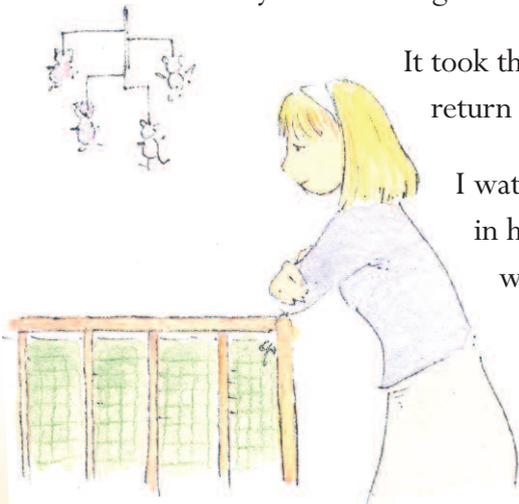
Early the next morning, the nurse came in and said they had a bed ready for Matthew in the children's ward upstairs. Matthew spent the next two days in the hospital. They gave Matthew Tylenol when he was uncomfortable, and twice a day he got the epinephrine through the face mask and the dexamethasone syrup. And gradually the coughing got better...the breathing got easier.

*Matthew would continue to get better over the next few days.*

Matthew was allowed to go home the second afternoon. The doctor explained that Matthew would continue to get better over the next few days. She told me to come back to the hospital right away if Matthew got worse again.

It took three more days for Matthew's breathing to return to normal and for the coughing to stop.

I watched him closely from the rocking chair in his room...day after day, night after night... watching the steady rise and fall of his chest. The regular breathing is a comfort to me now...a sign that all is well. 🌸



## *Understanding Croup*

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Croup is an illness that affects a child's breathing. It is caused by many different viruses. It most often occurs in the fall and winter months.

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Croup occurs most commonly in children between 6 months and 3 years of age, but can also occur in children as young as 3 months and as old as 5 years of age.

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Croup is characterized by a barky cough that can start quite suddenly. Often the child will have a hoarse voice and difficulty breathing. You may hear a high pitched sound when your child breathes in - this is called stridor.

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Croup is always worse at night or when your child is lying flat.

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Croup usually gets worse on the second night of the illness, and lasts up to a week.

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Antibiotics do not work on Croup because the infection is caused by a virus.

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Your child may get croup by coming into contact with another person with the virus. It is spread through coughing, sneezing or contact with the mucous on tissues, toys or hands.

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A doctor will assess how serious your child's croup case is. A mild case of croup means that the child has an occasional barky cough but no stridor is heard. In a moderate case, the child will have a frequent barky cough and stridor is easily heard when the child is calm.

The child may or many not be agitated. When the illness is severe, the child will have a frequent barky cough, stridor can be easily heard and the child will be very distressed and agitated.

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*Booklet sponsored by CIHR Team in Pediatric Emergency Medicine.*