pulse and respiratory rate; substernal, suprasternal, and intercostal retractions; flaring nares; and increased restlessness.

In many acute care facilities, the infant is allowed to be held by the parent. If cool mist is used in the treatment, it can be administered through a tube held in front of the patient while the child is held on the parent's lap. Children need the security of the parent's presence, because crying increases respiratory distress and hypoxia.

Croup can progress rapidly and the associated cough and stridor can be alarming. Children are generally apprehensive and appear ill. All of this can result in a frightening experience for the parents and family. Parents need frequent reassurance (provided in a calm, quiet manner) and education regarding what they can do to make their child more comfortable. Fortunately, as the crisis subsides and the child responds to therapy, breathing becomes easier and the recovery is generally prompt. Home care after discharge includes monitoring for worsening symptoms, continued humidity, adequate hydration, and nourishment.

Acute Spasmodic Laryngitis

Acute spasmodic laryngitis (**spasmodic croup**) is distinct from laryngitis and LTB, and it is characterized by recurrent paroxysmal attacks of laryngeal obstruction that occur chiefly at night. Signs of inflammation are absent or mild, and it is followed by an uneventful recovery. The child feels well the next day. Some children appear to be predisposed to the condition; allergies or hypersensitivities may be implicated in some cases. Management is the same as for infectious croup.

Bacterial Tracheitis

Bacterial tracheitis, an infection of the mucosa and soft tissues of the upper trachea, is a distinct entity with features of both croup and epiglottitis. The disease occurs in typically at a mean age between 5 and 7 years old and may cause severe airway obstruction (Roosevelt, 2016). It is believed to be a complication of LTB, and although *Staphylococcus aureus* is the most frequent organism