**Treatment**

**Admission to hospital ●**

**Establish the airway by passing endotrachial intubation or tracheostomy.**

**I.V line,fluid,sedation,AB●●●**

**Swab and blood culture●●●●**

**●●●●●Proper** **antibiotic(chloramphenicol(100mg\kg\24hours)as up to 30% of haemophilus strains are resistant to penicilline,Third generation of cephalosporins are alternative because of side effect of chloramphenicol**

**Nasogastric tube should be inserted for feeding●●●●●●**

**Acute laryngotracheobronchitis(croup)**

**It is less common dangerous than eiglottitis, it is usually viral infection by parainfluenza virus type one. It occur in children under three years age, Its onset is slow usually 48 hours after previous attach of URTI. It cause barking cough ,stridor , but no dysphagia ,the child is feverish, lying on back, struggling, restlessness, horseness of voice, no drooling of saliva with small cervical lymph nodes.**

**Treatment:**

**●observation**

**●●reassurance**

**●●●humidification**

**●●●●Oxygen with or without adrenaline, with or without steroid**

**●●●●●steroid**

**●●●●●●antibiotic for secondary bacterial infection**