

## BRONCHIOLITIS

Bronchiolitis (bron-key-oh-LIE-tiss) is an infection of the small airways caused by a virus. The most common viruses that cause it are RSV (respiratory syncytial virus), para influenza virus, and adenovirus. Health care providers often call bronchiolitis "RSV infection." Bronchiolitis is seen most often in late fall and winter months.

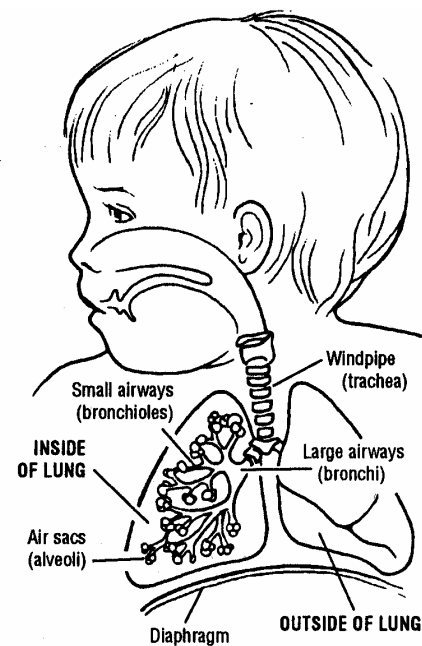
Bronchiolitis affects the small airways (bronchioles) in the lower respiratory tract (Picture 1). These small airways become swollen and filled with mucus and tiny cell particles. The narrow airways make it hard for the child to breathe out. This illness usually affects infants between the ages of 2 and 12 months. It is rare in children over 2 years of age; however, older children and adults can get cold-like symptoms caused by the same virus.

### EARLY SIGNS OF BRONCHIOLITIS

- Runny nose and stuffiness
- Fever is possible
- Coughing (lasts about 2 weeks)
- Irritability

### LATER SIGNS

- Fast and shallow breathing
- Chest may pull in when the child breathes (retractions). This happens because the child can't move air in and out of the lungs.
- Wheezing with long and noisy breathing out. Wheezing and tight breathing get worse for 2 to 3 days, then start to get better. Wheezing lasts about 7 days.
- Frequent coughing spells
- Less interest in eating
- Not as playful; gets tired easily



**Picture 1** The respiratory system inside the body.

### WHAT TO EXPECT AT THE DOCTOR'S OFFICE OR EMERGENCY ROOM

- Your child will be examined by a doctor. The doctor will decide if any blood tests or X-rays are needed.
- A bandage that has a sensor with a small red light may be placed on the child's finger or toe. This is connected to a machine that shows the oxygen level of the child's blood.
- Oxygen may be given to help with breathing.
- Aerosol treatments may be given to help increase the size of the small airways.
- You may hold and cuddle your child to comfort him or her.

### PREVENTION

The viruses that cause bronchiolitis are very contagious (catching). They can spread to others for up to 28 days. The infection is spread by the hands after touching mucus, saliva, or other drainage from the child's nose and mouth.

- All family members must practice good handwashing, especially after touching mucus, saliva, and drainage from the nose and mouth.
- Dispose of facial tissues properly.

## WHAT YOU CAN DO AT HOME

Some children with bronchiolitis have repeated spells of wheezing later on at home. If your child gets worse or starts wheezing again after he goes home, call your doctor. Here are some things you can do at home to help your child:

- Place your child on his side or back with his head to the side.
- Use a cool mist humidifier when your baby is wheezing. Don't place the humidifier within your child's reach. If you don't have a humidifier, you can put a warm, wet washcloth loosely over your child's nose and mouth.
- Use a bulb syringe to clear your child's nose. (Refer to the Helping Hand, *Suctioning Nose with a Bulb Syringe*, HH-II-24.)
- Give warm liquids often in small amounts. Warm liquids relax the airways and loosen secretions. For children over 4 months, you can give warm apple juice, lemonade, or herbal tea.
- Clear liquids such as juices or Pedialyte® may be given if your child has trouble taking formula or milk.
- Feed your child slowly and let him rest often.
- Hold your child gently and talk to him quietly.
- **Don't let anyone smoke in the house or around your child.** Smoke will make it even harder for your child to breathe. It may also cause more frequent and more severe lung and ear infections.
- Your doctor may prescribe medicines to give your child. Give the medicine according to the doctor's instructions. If these methods don't relieve your child's wheezing and fast breathing, call your doctor.



**Picture 2** Getting an aerosol treatment.

## IF YOUR CHILD IS HOSPITALIZED

- If your child is admitted to the hospital, many of the treatments given in the Emergency Department will be continued.
- Your child may be connected to a machine to watch the heart rate. The oxygen level of the blood will continue to be checked.
- Your child may have an IV if needed to give fluids and some nourishment. Often the child with bronchiolitis finds it very hard to eat.
- If your child's nose gets clogged with mucus, a bulb syringe or small tube connected to a suction machine may be used to remove the mucus.
- Children who are very young, or those with a severe infection or a history of heart or lung disease, may need special treatment.
- Some children may need oxygen. This is usually given using a nasal cannula (small prongs in the nose) or a mask.

## WHEN TO CALL YOUR DOCTOR

Call your child's doctor if your child has any of these signs:

- Trouble eating
- Trouble sleeping
- Trouble breathing, or is breathing very fast
- Skin color not as pink as usual, or blue-looking
- The skin below or between the ribs pulls in when your child breathes.
- Cannot be comforted when being held or fed.

If you have any questions, be sure to ask your doctor or nurse, or call \_\_\_\_\_.