

Information for Parents of Children with Bronchiolitis

This leaflet is to provide you with some information about Bronchiolitis. If, after reading, you have any questions, please ask one of the nurses or doctors.

What is it?

Bronchiolitis is a common illness in infancy. It is usually caused by a viral infection, the most common being the respiratory syncytial virus (RSV). It happens more in the winter or spring months.

The infection is easily passed from one person to another by close contact. In older children and adults the virus usually only causes a cough, runny nose and mild flu-like symptoms. In infancy, however, the infection may lead to breathing difficulty.

Bronchiolitis in Infancy

The special problems in infancy are related to the fact that the virus causes swelling and clogging of the airways (tubes in the lungs). Most infants cope with this perfectly well, but in some breathing difficulties are more severe.

This is more likely to happen if an infant has other medical problems (e.g. heart problems, small or premature at birth). In some cases, admission to hospital may be necessary.

Symptoms

The first symptoms of bronchiolitis are usually a runny nose, fever and a harsh cough. Later, your baby may start to breathe faster than normal and she/he may sound wheezy. The baby's rib cage may suck in and her/his tummy move in and out more during breathing.

Reasons for referral to hospital include poor feeding, tiredness, loss of colour and especially if there is more severe breathing difficulty.

The diagnosis is made by a doctor examining the infant. Measurements of oxygen levels are taken (pulse oximeter) using a probe attached to the skin. The virus causing the illness can sometimes be found from secretions taken from the back of the nose with a suction tube (NPA).

Treatment

There is no specific treatment for bronchiolitis. Supportive care, however is important, helping your child to feed and breathe more comfortably and safely. There are several aspects to this:

- Assistance with feeding - little and often is better than big feeds which may lead to vomiting. A soft tube placed through the nose into the stomach can deliver feeds in tired babies. If very breathless, feeds may need to stop and fluids given through a drip.
- Position - tilting the cot 'head up' may help breathing.
- Extra oxygen to breathe - this can be given by 'prongs' placed into your child's nose it is warmed and humidified.
- Relief of discomfort or fever with Paracetamol syrup (Calpol) may help settle your child.
- Inhaled medicines are sometimes tried. These are usually given via a nebuliser and include saline (salty water), steroids and adrenaline, all of which can help open and clear the airways.

Unfortunately, antibiotics are not effective against viruses, and so are not usually given.

Occasionally some babies require more specialist help with their breathing; this includes CPAP which is where soft nasal tubes or a mask are used to increase air pressure which holds the airways open and helps your baby breathe. If started, this usually happens in the children's high dependency area.

Monitoring includes an oximeter which uses a probe attached to your child's toe or finger to measure oxygen levels. Sometimes a blood test is required to check whether your child is getting enough fluid or to test salt and carbon dioxide levels.

Discharge from hospital

It is not necessary to keep children in hospital until they have completely recovered. They can return home as soon as they no longer require extra oxygen and when they are taking most of their feeds.

It may be some time before they resume their normal feeding pattern, but it is usual to see a steady improvement as the days go by. They may continue to wheeze slightly and to have a cough for several weeks after the illness. The cough and wheeze may also return for a period of time if your child picks up another cold or chest infection, but the symptoms are not usually as severe as on the first occasion.

Monitoring your child after discharge

Rarely a child can become more unwell again after they have gone home, for instance if they become dehydrated, because they are too breathless to feed or develop a pneumonia on top of the viral bronchiolitis. Signs that there might be problem include:

- Increasing breathing rate with moderate or severe sucking in of rib-cage.
- Too breathless to feed or taking less than half their usual feeds for a number of feeds, particularly if there hasn't been any urine in the nappy for 12 hours.
- Fever (temperature above 38 °C if 3 months old or under, temperature above 39°C 4 months or older).
- Pale, floppy or wakes only with prolonged stimulation.
- If you are worried.

If within 3 days of going home you become concerned, ring the hospital switchboard (**01392 411611**) and ask for the ward from which you were discharged. Alternatively, you can ring the Emergency Department on **01392 402303** or if more than 3 days after discharge, ring your GP or Devon Doctors (**0845 6710 270**).

For other information, ask the nurses or doctors looking after your child.

Ideally, no baby should have contact with cigarette smoke in the home, but this is particularly important for any child with respiratory problems. Exposure to smoke increases the risk of complications.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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