



Information and advice for bronchiolitis

What is bronchiolitis?

Bronchiolitis is an infection in the lungs usually affecting young babies and children up to two years of age. The episode of illness may start with cold like symptoms (runny nose, cough and sometimes a temperature). Over 2-3 days the small airways (bronchioles) in their lungs can become infected which can cause inflammation and partial blockage. This can make them become more breathless, and you may notice that they are working harder to breathe and feeding less. This is their body's response to viruses that would cause colds/flu in older children and adults. In most cases, their breathing and feeding will get better without the need for any healthcare intervention. If you are at all concerned about your child, please follow the traffic light advice at the end of the leaflet.

Common symptoms

Runny nose

Cough

Temperature

Working harder to breathe (faster breathing, noisier breathing, sucking in of the muscles in the neck and chest area).

Reduced feeds

Fewer wet nappies

Vomiting after feeding

What causes bronchiolitis?

Bronchiolitis is commonly caused by a virus referred to as RSV (Respiratory Syncytial Virus). The virus is commonly seen in the winter months and usually only causes mild cold like symptoms. It is the cause of 70% of babies and young children being unwell in this way. RSV is very contagious and is spread through coughs and sneezes of an infected person. The droplets are then breathed in from the air or transmitted onto hands and hard objects. You can help prevent your child from developing bronchiolitis by taking steps to stop the spread of viruses.

How long does bronchiolitis last?

Most children with bronchiolitis will seem to worsen between day 3 and 5 of the illness before beginning to improve. The time scale for recovery is individual for each child and it may take up to 3-4 weeks for all symptoms to subside. It is important to remember that people can still catch the virus from your child for as long as symptoms of a cold remain. This highlights the importance of them not returning to nursery/pre-school/childminders until their symptoms subside.

How to treat bronchiolitis at home

If your child is feeding less than normal, offer smaller more frequent feeds.

If your child is showing signs and symptoms of distress or discomfort, you may wish to offer paracetamol or ibuprofen to relieve these symptoms (**Paracetamol** can be given from **two months of age** and **ibuprofen** can be given from **three months of age**). Please read and follow the instructions on the medication container.

If your child is already on regular medications or uses inhalers, you should carry on using these.

Make sure your child is not exposed to tobacco smoke as it can make breathing problems like bronchiolitis worse. Remember that smoke remains on your clothes even if you smoke outside.

Treatment in the hospital setting

On arrival to the ward your child may initially be nursed in a side room (isolated/barrier nursed). If arriving from A&E, your child may have already had a swab completed informing us of their infection status. If the ward is very busy with other children that have the RSV virus, they may be nursed in a bay with other children that have the same virus. If a swab has not been completed, we will gain your consent to undertake the throat and nasal swab so we can confirm their infection status.

Staff members will wear gloves, aprons, mask and a visor when caring for your child. They will also ensure they thoroughly wash their hands to avoid the spread of the virus to any other children on the ward.

Your child may be offered paracetamol or ibuprofen if they are in distress or discomfort to help keep them comfortable and regulate their temperature.

A sensor will be placed on their toe or finger to monitor their oxygen levels. This helps us decide if they are effectively breathing without further intervention.

Feeding may become difficult for your child if they have an increased work of breathing and they may need us to help them with that. We do this by inserting a tube through your baby's nose and down into their stomach. This allows them to continue feeding without becoming tired.

Very occasionally babies will need us to help with their breathing. This can involve giving oxygen via different devices or sometimes a machine will be used to help them breathe.

How is your child?

<p><u>Red</u></p>	<p>If your child has any of the following:</p> <p><u>Blue lips or complexion.</u></p> <p><u>Pauses when they breathe, or an irregular breathing pattern, or they start to grunt.</u></p> <p><u>Have severe difficulty breathing i.e., becoming too breathless to feed.</u></p> <p><u>They are pale, mottled or feel abnormally cold to touch.</u></p> <p><u>They become extremely agitated, confused or difficult to rouse.</u></p> <p><u>They have a temperature of 38°C and above, are under 3 months of age and have other red or amber features.</u></p>	<p><u>YOU NEED URGENT HELP</u></p> <p><u>Please phone 999 or go to the nearest hospital Emergency Department (A&E)</u></p>
<p><u>Amber</u></p>	<p><u>If your child has any of the following:</u></p> <p><u>Have laboured or rapid breathing or they are working harder to breathe. Look for: sucking in of the muscles below their lower ribs, at their neck or between their ribs (recession).</u></p> <p><u>They seem dehydrated. Look for: sunken eyes/fontanelle, appear drowsy, reduced feeds, and fewer wet nappies.</u></p> <p><u>They are becoming drowsy.</u></p> <p><u>They appear to be getting worse or if you are worried.</u></p>	<p><u>You need to contact a doctor or nurse today.</u></p> <p><u>Please ring your GP surgery or call NHS 111 – dial 111.</u></p>

<p><u>Green</u></p>	<p>If none of the features in the red or amber boxes are present.</p>	<p><u>Self-care</u></p> <p><u>Using the previous advice in this leaflet you can care for your child's needs at home.</u></p>
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References

National Institute of Health and Care Excellence (2021) '*Bronchiolitis in Children*:

