

What is bronchiolitis?

Information for parents and carers



The aim of this leaflet is to provide you with information about your child's illness and what treatment is required.

What is Bronchiolitis?

Bronchiolitis affects babies and young children. It is a common viral infection of the lower lungs and causes the smallest airways in the lungs (the bronchioles) to become narrower and produce more mucus. The narrowing makes it more difficult for the child to breathe. This is because babies and young children have small airways.

What causes Bronchiolitis?

Bronchiolitis is most commonly caused by Respiratory Syncytial Virus (RSV) although other viruses can cause bronchiolitis. These are the same viruses that might cause colds or flu in older children and adults.

How has my child caught the virus?

Viruses are spread through tiny droplets of liquid from the coughs or sneezes of someone who is infected. The droplets can be breathed in directly from the air or picked up from a surface that they have landed on, such as a toy or table. For example, your child can become infected if they touch a toy that has the virus on it and then touch their eyes, mouth or nose. RSV can survive on a surface for 6-12 hours.

How long will my child be infectious for?

Children can be infectious for up to three weeks after having the condition, even after their infection has cleared up.

How common is Bronchiolitis?

It is estimated that one-third of infants in the UK develop bronchiolitis in the first year of their life. It is most common in infants who are three to six months old. Most cases of bronchiolitis occur during the winter months, when the viruses that can cause bronchiolitis are more common. It is also possible to get Bronchiolitis more than once during the same winter season.

What are the symptoms of bronchiolitis?

The early symptoms of bronchiolitis are similar to those of a common cold. The first symptom is usually a blocked or runny nose. Your child may also have a slight cough and fever.

The symptoms of bronchiolitis usually get worse during the first three to five days and then gradually improve. During this time, your baby may experience some of the following symptoms:

- a cough
- fast or noisy breathing
- brief pauses in their breathing
- feeding less and having fewer wet nappies
- vomiting after feeding
- being miserable.

How is the diagnosis of bronchiolitis made?

In the UK, a diagnosis of bronchiolitis is usually based on the presence of some of the symptoms combined with an examination of your child's breathing. The doctor or nurse practitioner will listen to your baby's breathing using a stethoscope. The doctor / nurse practitioner will also look for signs of dehydration.

A sample of your child's mucus may be tested to see which virus is causing the bronchiolitis. This will confirm whether the respiratory syncytial virus (RSV) is responsible although this will not make a difference to the treatment of the baby.

If your child has RSV, they will need to be kept away from other children in the hospital who are not infected with the virus. This is to reduce the spread of the virus.

Why has my baby been admitted to hospital?

A small number of babies who are under one year of age and have bronchiolitis are admitted to hospital. Your baby will be admitted to hospital if:

- they are not getting enough oxygen into their blood because they have difficulty breathing
- they are not eating or drinking enough.

Your baby will be monitored and treated in a number of ways, as explained below.

Oxygen level

The level of oxygen in your child's blood will be measured. This is by using a small clip or peg that is attached to your baby's hand or foot. It is not painful. If your child needs more oxygen, it can be given to them through a thin tube in their nose, a mask that goes over their face or they will be placed in a head box of oxygen.

Feeding

If your baby is having trouble feeding, they may be given fluids or milk through a feeding tube. This is a thin plastic tube that goes into your baby's nose and down into their stomach. Alternatively, they may be given fluids intravenously (directly into a vein).

Nasal suction

If your baby's nose is blocked and is causing them breathing difficulties, nasal suction may be used. This involves a small, plastic tube being inserted into their nostrils to clear out the mucus.

Will my baby be given any medication?

There is no medicine that can kill the viruses that cause bronchiolitis. However, paracetamol may help to ease symptoms and make them more comfortable. Occasionally an inhaler will be given although this is not always effective in young babies. If it does not make any difference to your baby's condition, it will be discontinued.

How long will bronchiolitis last for?

If your child's bronchiolitis is not severe, the infection will usually last about two weeks and will not require treatment. A small proportion of children may still have symptoms after four weeks.



Are there any other complications of Bronchiolitis?

In rare cases, Bronchiolitis can be accompanied with a bacterial chest infection. If this happens your child will be treated with antibiotics. Bronchiolitis can occasionally cause severe breathing problems. If required your child may need additional support for their breathing.

When can my child be discharged home?

Most babies who are admitted to hospital will need to stay there for two to four days. Your baby will be discharged from hospital when they do not need oxygen and they are able to take adequate amounts of their feeds.

Long-term effects of bronchiolitis

Bronchiolitis does not usually cause long-term breathing problems. However, it can cause damage to the cells in your child's airways. This damage can last from three to four months. Around 20% of infants with bronchiolitis remain wheezy or have a persistent cough for a few weeks.

Are any children more at risk than others of bronchiolitis?

Bronchiolitis is very common in infants and is usually mild. However, some risk factors can make bronchiolitis more serious.

These include:

- a congenital heart defect
- being born prematurely (before week 37 of pregnancy)
- having chronic lung disease of prematurity
- being exposed to smoke, for example if parents smoke .

Future prevention

The viruses that cause bronchiolitis are very common and easily spread, the following steps will help prevent spreading the virus further:

- cover your child's nose and mouth when they cough or sneeze.
- use disposable tissues rather than cotton handkerchiefs and

throw them away as soon as they have been used.

- wash both your child's hands and your hands frequently, particularly after touching their nose or mouth or after feeding.
- ask anyone who comes into contact with your child, such as a relative or nanny, to wash their hands first.
- wash and dry eating utensils after use.
- wash or wipe toys and surfaces regularly.
- keep infected children at home until their symptoms have improved (they are feeding normally and do not have any difficulty breathing).
- keep newborn babies away from people with colds or flu, particularly during the first two months of life or if they were born prematurely (before week 37 of pregnancy).

What shall I do if my child becomes unwell after discharge from hospital?

If your child becomes unwell or you have any concerns after discharge from hospital, please contact your GP. If you are unable to contact your GP then you will need to attend your local A&E Department.

Discharge Advice

When your baby is fit for discharge, the doctor and nurse will advise on symptoms to observe for and give advice on feeding requirements. These will be filled in below.

For further information

www.cks.nhs.uk/patient_information_leaflet/Bronchiolitis

Notes

If you require a special edition of this leaflet

This leaflet is available in large print, Braille, electronically and in other languages on request. Please contact the Patient Experience Team on:

Telephone

01244 366066

Email

coch.patientexperience@nhs.net

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若是你想索取這份傳單的中文譯本，請聯絡「病人預約中心」或向其中一名職員查詢。

Si vous voulez cette brochure en français, contactez le bureau des rendez-vous ou demandez à un membre du personnel.

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Design by Medical Illustration, COCH