

Bronchiolitis

Patient information

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please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

What is Bronchiolitis?

Bronchiolitis is a viral infection that is very common in children less than 2 years of age. It is usually seen most often in the months October to April.

It can be caused by many different viruses, but the most common is the Respiratory Syncytial Virus (RSV). RSV is a common cause of colds for older children and adults.

Some babies can have more than one virus causing infection and can lead on to have a bacterial infection. In some infants it can also infect lower down the airways causing a more severe illness.

How is it spread and prevention?

RSV is a virus that is in the environment. It is spread by direct contact or by droplets released when the baby coughs.

Some measures you could do to help reduce the spread:

- Avoid contact with people with a cough or cold.
- Wash hands before and after handling your baby.
- Keep infants and children in a smoke free environment.
- Do not share toys unless they are cleaned in between.

Although we advise the above information bronchiolitis is very common and impossible to totally avoid.

Discharge:

- Your baby will be discharged home when they are feeding orally and have not needed oxygen for 12-24 hours.
- May still have a runny nose and cough for at least two weeks.
- Some infants can continue to cough and wheeze for some time following recovery

If you have any of the concerns listed above please contact:
Ward 3F 0151 430 1616

Treatment:

- Your baby's breathing rate and pulse will be monitored, also oxygen levels using a monitor attached to the hand or foot.
- Oxygen levels below 92% they will be given oxygen, through the nose with small tubes (nasal cannula).
- Sometimes baby may need extra support with their breathing and require 'Optiflow/Airvo' this is oxygen with a high flow to allow the lungs to stay open and by doing this its less of a struggle for baby to breathe.
- It may help if your baby is nursed in an upright position, with the top of the cot elevated.
- Feeding will be monitored and small, frequent amounts given.

If your baby is not taking at least half their normal feeds they may need help with feeding. Your baby may have a small tube passed through their nose and into the tummy and fed this way.

Investigations such as a chest x-ray and blood tests are not usually done, unless your child is very unwell. The Consultant may request a Naso-pharyngeal aspirate (NPA) which is a small sample of your infant's secretions, from the back of the nose.

Nature and reasons for the condition:

- Bronchiolitis is an inflammation (swelling) of the smaller breathing passages in the lungs called the bronchioles. They become inflamed and are more swollen and stickier with secretions.
- It is common in babies and young children under the age of two and usually occurs in the winter months.
- Most affected babies are not seriously ill and make a full recovery. Sometimes it becomes more serious and hospital care is needed.
- Symptoms usually get worse over a period of about five days, then gradually improve and settle within a week or two.
- Some babies are more at risk of developing a more severe infection, especially if they were born prematurely, have heart or lung disease, or babies who are exposed to cigarette smoke.

What are the symptoms of Bronchiolitis:

- Cough and cold symptoms, and your baby may have a temperature for the first 2-3 days.
- Fast breathing, your baby may sound short of breath and sometimes wheezy.
- Your baby may have to work harder to breathe, the nostrils may 'flare' and you may be able to see the muscles between the ribs suck in during each breath.
- They may have difficulty feeding and taking longer to feed. This is because your baby may be finding it hard to feed and breathe at the same time.
- Your infant may also have a blocked nose.
- Vomiting may occur due to coughing spasms and also because your baby may be swallowing mucus from the lungs.
- Your baby may have difficulty sleeping and be irritable.
- Premature and very young babies may have episodes where they briefly stop breathing (apnoea).

Our usual form of treatment:

As Bronchiolitis is a 'self limiting' illness, it will normally go as the immune system clears the virus. There is no medicine that will kill the virus and antibiotics do not work against a virus.

Bronchiolitis is very infectious and is spread the same way as a cough and cold. The germs can spread in tiny drops of fluid from the nose and mouth. Airborne with sneezing, coughing and laughing. Droplets on used tissues, toys, clothing and furniture.

We advise that visiting is kept to a minimum whilst your child is in hospital to prevent the spread of the droplets which could infect other babies and children.

Benefits of treatment:

Your child will recover much quicker if treatment is started early.