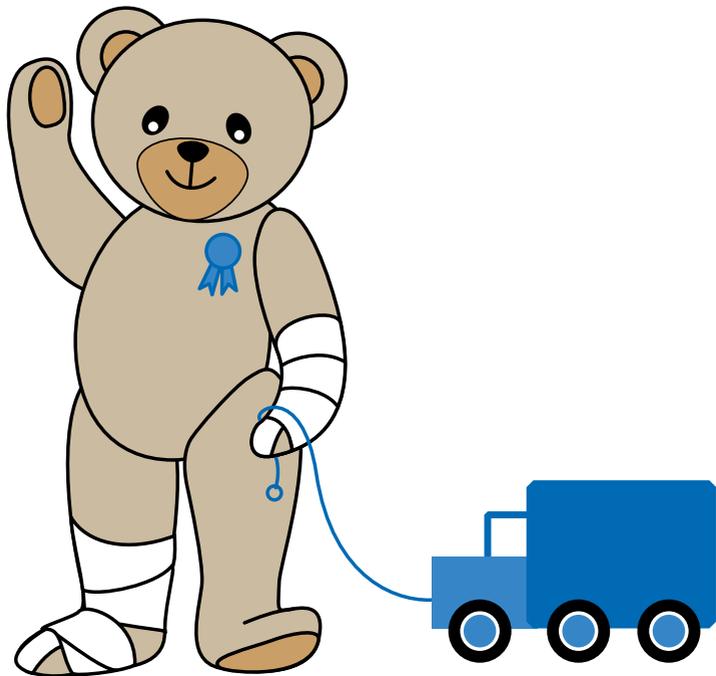


Bronchiolitis

Hascombe Ward



Patient information leaflet

What is Bronchiolitis?

Bronchiolitis is a common lower respiratory tract infection that affects babies and young children. It is most common during the winter months.

It is often caused by a virus called respiratory syncytial virus. Other viruses which may cause this illness include metapneumovirus, influenza, parainfluenza, coronavirus, adenovirus, and rhinovirus.

The infection causes an increase in mucus which can make it difficult for babies and young children to breathe and feed.

It is possible to get bronchiolitis more than once during the same season.

What are the symptoms?

Initially, the symptoms of bronchiolitis are similar to a common cold, such as runny nose, fever and cough.

Sometimes your baby's breathing may become noisy (wheezy). Your baby may become breathless or breathe faster than normal. Their breathing effort will be increased which you will see as a deeper movement of their chest. You may hear this referred to as 'recession'. This increased effort of breathing can make your baby very tired, therefore, your baby may find it more difficult to feed. Your baby may also cough causing them to vomit their feed.

The infection usually clears up within one to two weeks but they may continue to cough for a few more weeks.

How can I help my baby with Bronchiolitis?

There is no medication (such as antibiotics) that can treat the bronchiolitis virus itself. Some things can be done to ease the symptoms. Paracetamol may help to bring your baby's temperature down. Saline nose drops can be helpful before feeding (it loosens secretions and aids breathing during feeding). Reducing a baby's

feeding volume and giving smaller volumes more frequently can help. The virus is very contagious. To prevent the virus from spreading, wash your hands and your older children's hands frequently. Prevent your child being exposed to cigarette smoke. The vast majority of patients with mild bronchiolitis can be cared for at home by you, however it is sometimes necessary to admit your baby/child to hospital.

What will happen if my baby needs to be admitted to hospital?

Your baby may only require observation to see if they can maintain their oxygen levels at night And feeds enough (this may be less than they usually take and will be calculated from their weight). This will be explained to you. Observation includes measuring your baby's temperature, breathing, heart rate and oxygen levels. We will also be monitoring their feeding volumes. The frequency of these recordings and the amount of time your nurse spends with your baby will vary. This is in accordance with your baby's condition and will decrease as their condition improves.

Sometimes a feeding tube will need to be inserted via your baby's nose to help with feeding. In some cases, your baby may need intravenous fluids to rest their stomach.

If your baby needs supplemental oxygen, it can be given in several ways. This depends on the severity of your baby's condition.

Nasal cannula – these are small plastic tubes that go into the nostrils to deliver oxygen. Low flow nasal cannula oxygen (up to two litres) is given this way. If greater volumes of oxygen are required it is delivered as high flow nasal oxygen using the AIRVO machine which will be explained to you. In some cases, this therapy may not be sufficient to support your baby's breathing. Your infant may need intubation and ventilation (where their breathing is taken over by a machine). Your baby may need to be transferred to a paediatric intensive care unit, usually in London.

How will I know when my baby is getting better?

The severity of the condition usually peaks around day 4-5, after this, it tends to improve. As your baby improves, the level of intervention will be gradually reduced until they are fit for discharge. At this time they will still be symptomatic and not back to their 'normal' self. However, once they are taking adequate feeds orally and no longer require oxygen they can be safely discharged home.

Where can I get help?

You can visit your local pharmacy for paracetamol and saline nose drops.

Call your GP/111:

- If your baby is vomiting with every feed.
- If your baby has a persistent high temperature of more than 38°C.
- If your baby is taking less than half their usual feed or has not had a wet nappy for 12 hours.

Call an ambulance:

- If your baby has severe difficulty breathing.
- If your baby is floppy, too tired to feed or irritable.
- If your baby has a long pause between each breath or baby is turning blue.

Key reference

- [nhs.uk/conditions/bronchiolitis](https://www.nhs.uk/conditions/bronchiolitis)

Contact details

Hascombe Children's Ward

Telephone: 01483 464071 (24 hours)

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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