



Bronchiolitis

Patient information Leaflet

January 2020

INTRODUCTION

This leaflet aims to help you understand bronchiolitis, how to make your child comfortable and when to contact for emergency advice.

What is Bronchiolitis?

Bronchiolitis is a common lower respiratory tract infection that affects babies and young children under 2 years old. The early symptoms are similar to those of a common cold and include a runny nose and cough. Bronchiolitis is usually caused by a virus known as respiratory syncytial virus (RSV) which spreads through tiny droplets of liquid from the coughs or sneezes of someone who is infected. This causes the smallest airways in the lungs (the bronchioles) to become infected and inflamed (swollen). The inflammation reduces the amount of air entering the lungs, making it more difficult to breathe.

There is no medication to kill the viruses that cause bronchiolitis, but the infection usually clears up within two – three weeks without any need for treatment. 50% of children may have a recurrent wheeze in the future with upper respiratory tract infections, with many children continuing to have a cough and wheeze for several weeks, for which no treatment is helpful

Signs and Symptoms

Bronchiolitis is most common during the winter months, from November to March. It's also possible to get bronchiolitis more than once during the same season. Although most children recover from bronchiolitis within a few days, it's important to look out for signs of more serious symptoms, such as breathing difficulties.

The first symptom is usually a blocked or runny nose and your child may also have a slight cough. Symptoms usually get worse during the first three days, and then gradually improve. During this time, your child may experience:

- a rasping and persistent dry cough
- rapid or noisy breathing
- brief pauses in their breathing
- feeding less and having fewer wet nappies
- vomiting after feeding
- being irritable

Even though most cases of bronchiolitis are not serious, these symptoms can be very worrying for parents.

What to do

- Offer small amounts of feed more frequently.
- If breast feeding, stop for short periods if you baby tires.
- You may find it helpful to sit your baby upright after feeding, which may help their breathing.
- Keep a smoke free environment.
- Check on them regularly, including throughout the night. If their condition worsens, contact your GP.

When to contact your GP

In all cases, be aware of any changes to your child's symptoms. Contact your GP if you are worried or if your child develops any of the following symptoms:

- increased difficulty in breathing or wheezing as they breathe
- poor feeding (if your child has taken less than half the amount that they usually do during the last two or three feeds)
- no wet nappy for 12 hours or more

- a rapid breathing rate of more than 40 breaths a minute
- a high temperature (fever) of 38C (100.4F) or above
- being very tired or irritable.

While it is unusual for children to need hospital treatment for bronchiolitis, the symptoms can get worse very quickly.

Call 999 for an ambulance in any of the following circumstances.

- Your child has severe breathing difficulties or exhaustion from trying to breathe. You may see the muscles under your child's ribs sucking in with each breath, your child may be grunting with the effort of trying to breathe or they may be pale and sweaty.
- Your child has a rapid breathing rate of more than 60 breaths a minute.
- You are unable to rouse (wake) your child or, if roused, they do not stay awake
- Your child's breathing stops for more than 10 seconds at a time (this is known as recurrent apnoea).
- Your child's skin begins to turn very pale or blue, particularly around the lips or fingernails (known as cyanosis).

Treatment in hospital

Approximately 3% of babies with bronchiolitis need to be admitted to hospital. Your child may be admitted to hospital if:

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

Further testing

The level of oxygen in your child's blood will be measured with a pulse oximeter. This is a small sticker or peg that is attached to your baby's finger or toe. It transmits light through your baby's skin and the sensor uses this to detect how much oxygen is in your baby's blood. If your child needs more oxygen, it can be given to them through a thin small tube at the base of their nostrils or a mask that goes over their face. Your baby may need some further help with their breathing if they seem to be struggling despite oxygen therapy and may be placed on High Flow Nasal Cannula Oxygen (HFNC or Optiflow). HFNC provides a little inspiratory pressure along with heated and humidified oxygen and has been shown to be beneficial in infants with moderate to severe respiratory distress caused by bronchiolitis. In a very small number of cases – babies require further help with their breathing until they recover such as CPAP (continuous positive airway pressure) or ventilation (where the baby is given medication to make them sleep and a tube is inserted into their airway and a machine will breathe for them). All of these things will be discussed with you if they are needed.

If it hasn't already been tested, at this point a sample of your child's mucus may be taken to see which virus is causing the bronchiolitis. This will confirm whether the respiratory syncytial virus (RSV) is responsible. 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 control the spread of the virus.

They may also have a flu swab taken from their nose or throat to see if there is a flu virus causing the bronchiolitis.

Feeding

If your child is struggling to feed you may be advised to give them a smaller volume more often for a few days. There may be a need to give fluid or milk through a feeding tube. This is a thin plastic tube that goes into your child's mouth or nose and down into their stomach. This tube will be removed when your baby starts feeding again. Alternatively, they may be given fluids

intravenously (directly into a vein) if their condition deteriorates and they are no longer able to tolerate feeds.

Nasal suction

If your child's nose is blocked and they have trouble breathing, nasal suction may be used. This involves a small plastic tube being inserted into their nostrils to clear out the mucus. This procedure will not be carried out frequently as it can cause trauma to the nasal passages resulting in more secretions being produced.

Preventing Bronchiolitis

Although it is very difficult to prevent bronchiolitis, you can take steps to reduce your child's risk of catching it and help prevent the virus spreading. This includes:

- washing both your child's hands and your hands frequently
- washing or wiping toys and surfaces regularly
- keeping infected children at home until their symptoms have improved
- keeping newborn babies away from people with colds or flu.
- preventing your child being exposed to cigarette smoke

If you require this leaflet to be printed in any language other than English please contact the Ethnic Health Team on 0161 922 5150

Useful Contact Numbers:

- Contact your GP for advice.
- Children's Unit 0161 922 5252 (24 hrs)
- Children's Community Team 0161 922 5251 (08.00-20.00 mon-sun)
- NHS Direct 111 (24hr helpline)

Useful Websites/information:

- Department of Health (www.dh.gov.uk)
- NHS Choices (www.nhs.uk/conditions)
- NHS institute for innovation and improvement (www.institute.nhs.uk)
- NHS Improvement (www.improvement.nhs.uk)

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

If you require an interpreter, please ask an appropriate person to contact our central

booking office between Monday to Friday 8am to 5pm on 0161 922 6991 to arrange this for you.

語言翻譯及病者支持服務 (LIPS):

如果閣下需要翻譯員在您的預約當日幫助您的話 請找一名合適的家庭成員 0161 922 6991 聯絡本中央預約辦事處來您您安排 我們的辦公時間是星期一至星期五 上午 8 時至下午 5 時

Językowo Tłumaczeniowa Usługa Pomocy dla Pacjenta (Language, Interpretation and Patient Support Service LIPS):

Jeśli potrzebujesz pomocy tłumacza w trakcie swojej wizyty, proszę poprosić odpowiedniego członka rodziny o skontaktowanie się z Centralnym Biurem Zamówień (Central Booking Office), w celu zorganizowania tłumacza pomiędzy poniedziałkiem a piątkiem w godzinach od 08:00 - 17:00 pod numerem 0161 922 6991.

لینگویج، انٹرپرائٹیشن اینڈ پیسٹنٹ سپورٹ سروس (Lips)

اگر آپ کو اپنی اپائنٹمنٹ کے لئے مترجم کی مدد کی ضرورت ہو تو براہ مہربانی اپنے خاندان کے کسی موزوں فرد سے کہیں کہ وہ ہمارے سنٹرل بنگ آفس سے پیر سے جمعہ 8.00 بجے صبح سے 5.00 بجے شام کے دوران 0161 922 6991 پر فون کر کے اس کا بندوبست کریں۔

References:

NHS Conditions (2017) – Bronchiolitis

NICE (2015) Bronchiolitis in Children

Division/Department:

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