

Children's Services

Bronchiolitis

What is bronchiolitis?

Bronchiolitis is a common respiratory infection affecting babies and young children up to two years of age. It affects up to one in three babies during the bronchiolitis season (November to March) in the UK and causes problems with breathing and feeding.

What is the cause of bronchiolitis?

Bronchiolitis is caused by viruses. The most common virus is Respiratory Syncytial Virus (RSV). RSV is spread by tiny water droplets and thrives in the nose and throat. It causes the smallest airways in the lungs to become swollen and full of mucus. This can make it more difficult for your baby to breathe and feed.

Babies at higher risk of developing a more serious illness are those born prematurely or with lung or heart conditions.

Can I prevent bronchiolitis?

No. The virus that causes bronchiolitis in babies also causes coughs and colds in older children and adults, so it is very difficult to prevent.

What are the symptoms of bronchiolitis?

- Bronchiolitis starts with cold symptoms such as a runny nose, rasping, and persistent dry cough.
- Your baby may develop a mild temperature for two to three days. If your baby has a temperature give him or her paracetamol (for example, Calpol or Disprol). You must follow the instructions that come with the paracetamol carefully.
- Fast breathing, difficulty breathing and wheezing (high pitched whistle noise) may develop.
- Sometimes, in very young babies, bronchiolitis may cause them to have brief pauses in their breathing.
- As breathing becomes more difficult, your baby may not be able to take the usual amount of milk by breast or bottle. You may notice fewer wet nappies than usual.
- Your baby may be sick after feeding and become irritable.
- The muscles in between the ribs suck in with each breath leading to more difficulty with feeding.
- Bronchiolitis is caused by a virus so antibiotics won't help.

Make sure your baby is not exposed to tobacco smoke. Passive smoking can seriously damage your baby's health. It makes breathing problems like bronchiolitis worse.

How long does bronchiolitis last?

- Most babies with bronchiolitis get better within about two weeks. They may still have a cough for a few more weeks.
- Your baby can go back to nursery as soon as he or she is well enough (that is feeding normally and with no difficulty breathing).
- There is usually no need to see your doctor if your baby is recovering well. If you are worried about your baby's progress, discuss this with your doctor or health visitor.

When should I get advice?

Contact your GP if:

- You are worried about your baby.
- Your baby is having difficulty breathing.
- Your baby is taking less than half his or her usual feeds over two to three feeds, or has no wet nappy for 12 hours.
- Your baby has a high temperature.
- Your baby seems very tired or irritable.

Dial 999 for an ambulance if:

- **Your baby is having a lot of difficulty breathing and is pale or sweaty.**
- **Your baby's tongue or lips are blue.**
- **There are long pauses in your baby's breathing.**

Hospital treatment for bronchiolitis

About 2 in 10 children with bronchiolitis may need hospital admission.

When in hospital

- Your baby will be examined by a doctor and assessed regularly by a nurse.
- Your baby's oxygen levels will be checked using an oximeter placed on a finger or toe. It measures the oxygen in your baby's blood, and helps doctors and nurses to assess your baby's breathing.
- If your baby needs help to breathe or feed, he or she may need to stay in hospital.
- One parent/carer will be able to stay with your baby while he or she is in hospital.
- Oxygen may be given via head box (if your baby is less than six months old), mask or fine tubes into the nose (if your baby is more than six months old).

- To confirm the cause of the bronchiolitis, some mucus from your baby's nose will be taken to determine the virus causing the illness. This is important so that the babies can be nursed in separate rooms or bays to stop the virus spreading to healthy children.
- If your child has problems feeding he or she may be fed through a feeding tube. This is a small, plastic tube passed through the child's nose or mouth into the stomach.
- Some babies may need to be fed via a drip to make sure they are getting enough fluids.
- Seriously ill babies may require more specialised intensive care for help with their breathing.
- Your child may be given paracetamol. This is only on the advice of the doctor for children under six years old.
- Your child will be nursed in a separate room, maybe with other babies who have the same type of virus.
- You will need to wash your hands, or use alcohol gel frequently when caring for your child.
- Visiting restrictions may be recommended to prevent the spread of infection.

Prevention

- The RSV virus, which causes bronchiolitis, is very infectious and is responsible for many colds in children and adults. Ensure that your baby does not come into contact with other young children to reduce the spread of infection.
- Babies who are breast-fed and live in a non-smoking family are less likely to have severe disease.

After leaving hospital

- Your child will be discharged from hospital when oxygen treatment has stopped and they are feeding well.
- Ask your GP or health visitor for advice if you become worried about your baby.

Long term effects of having had bronchiolitis

- Your baby may have a cough and wheeze for some time after the first infection.
- Most babies recover well from bronchiolitis and do not have long term breathing problems.
- However, RSV bronchiolitis may cause recurrent wheezing with each cold your child has.

Useful contact numbers:

NHS Direct 0845 4647

Information obtained from SIGN (Information about bronchiolitis for parents and carers).



We are currently working towards a smoke-free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS Stop Smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



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