



Bronchiolitis

Information for parents

What is bronchiolitis?

Bronchiolitis is a chest infection that affects the smallest air passages in the lungs. It mainly affects babies under one year. Bronchiolitis is different from bronchitis which affects adults. The common cause of bronchiolitis is a virus called R.S.V. (Respiratory Syncytial Virus) and usually starts as a cold.

The small air passages in the lungs become moist and swollen and this affects your baby's breathing, making it faster and wheezy. Your baby may find it difficult to breathe, especially when feeding, and take less feed than normal.

Bronchiolitis is infectious and is passed on by mucus from the nose and carried onto the hands or toys. The virus is usually caught from a person that has a cough or cold.

What will happen if my baby is admitted to hospital?

The nurses and doctors will carefully monitor your baby's condition. The nurses will make regular observations of your baby's temperature, pulse, breathing and oxygen levels.

Because most cases of bronchiolitis are caused by a virus, antibiotics are not usually given.

- Cough medicine is not recommended for babies.
- Your baby will be prescribed paracetamol if they have a temperature.
- Your baby may be cared for in a single room to prevent the spread of infection to other babies, or nursed in a bay with other babies with the same infection.
- A throat swab may be collected from your baby. This will confirm if your baby has R.S.V.

Helping your baby to breathe

A bronchiolitis cough can be very troublesome for your baby. The cough itself is not harmful, but it can be very tiring. For this reason we will try not to disturb your baby while they are sleeping.

Raising the head of the cot or sitting your baby in a baby chair can help.

If the oxygen level in your baby's blood is low, extra oxygen will be given. Most babies do not like an oxygen mask on their face, so the oxygen is given through a tube into a clear plastic box called a head box that sits over your baby's head.

Occasionally some babies need extra help with breathing and are transferred to the High Dependency Unit, or to the nearest children's intensive care.

Helping your baby to feed

Most babies cannot manage their normal amount of feeds. Smaller and more frequent feeds are usually much better. If your baby refuses to feed, milk can be given to them through a naso gastric tube (a thin tube passed through the nose into the stomach).

If your baby is sick, feeds can be stopped for a few days until your baby is better. Fluid will be given through an intravenous infusion (drip).

What can I do to help?

- Stay with your baby as much as possible.
- Wash your hands before and after caring for your baby, and before leaving their room.
- Talk with your child's nurse about completing a record of all the feeds, vomits and wet nappies your baby has.
- Help to prevent your baby being sick by changing their nappy before a feed.
- Allow your baby to rest as much as possible.
- Tell your nurse if your baby feels hot or is irritable.

When can I take my baby home?

When your baby no longer needs extra help with breathing and feeding, and you feel confident that you can manage at home. Your baby may continue to cough for several weeks.

Call your doctor if:

- you are generally worried,
- your baby keeps vomiting feeds,
- your baby starts to breath faster, or they pull their chest in when they take a breath,
- your baby is pale or blue,
- your baby's temperature is high.

For further advice 48 hours after discharge:

Starlight Children's Ward

Tel: 0161 291 2248/2669

Observation and Assessment Unit

Tel: 0161 291 5459

Wythenshawe Hospital

Southmoor Road

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