Medical Division

In-patient Care of Babies and Children with Bronchiolitis

Information for parents and carers

Introduction

This leaflet is aimed at providing parents and carers with information about a condition called **bronchiolitis.**

What is Bronchiolitis?

- Bronchiolitis is a viral chest infection caused by a virus.
- Bronchiolitis can be caused by many different viruses, but the most common one is Respiratory Syncytial Virus (RSV).
- **It is not bronchitis.**
- It causes inflammation (swelling) of small airways in the lungs called bronchioles. These can get sticky with lots of secretions causing problems with your baby / child's breathing.
- Bronchiolitis is most common in babies and young children under 2 years of age and occurs every year, usually between November and March.

How is this spread?

- RSV is easily passed from one person to another after coughing or sneezing. Tiny droplets can land on toys, clothes and other surfaces where they can live for 4-7 hours.
- It is hard to avoid, but simple measures may help stop the spread
  - Wash your hands before and after caring for your baby / child
  - Cough or sneeze into a tissue and bin it
  - Keep babies/children away from smoky environments

What are the signs and symptoms of bronchiolitis?

Babies and young children with bronchiolitis tend to follow a common trend during their illness. Symptoms can gradually worsen for the first 5 days before improvements are seen. **This is completely normal and how we expect your baby / child to behave.**

- Bronchiolitis can start with a snuffly nose and cough with lots of secretions.
- Your baby / child's breathing may become very fast and you may notice their tummy and chest "sucking in and out". Their nose may flare whilst they breathe and have a 'tug in and out' at the bottom of their neck
- Your baby / child may become cranky / irritable or even more sleepy than usual
- Your baby / child may take less milk than usual or vomit their milk due to coughing

Once you baby / child starts to show some signs of improvement they may still have short periods of feeling unwell. Once again, this is completely normal.

What treatment(s) are available?

There are no medicines to treat the viruses that cause bronchiolitis, but there are things we can do for your baby / child whilst in hospital to help them recover:

- **Feeding** – To help with your baby / child's feeding, a nasogastric tube (NGT) may be passed through the nose directly into their stomach. A satisfactory amount of milk will be given according to your baby / child's weight. If you are breast feeding, we may ask you to express your milk so that it can be used if your baby / child is unable to feed by mouth. Please speak to your nurse about this.

Occasionally it is best to stop giving milk for 24-48 hours to rest your baby / child. If this decision is made, a small cannula will be inserted into a vein and your baby will get fluids via this until they are well enough to be tried with milk again.

- **Oxygen** – This is given to help with your baby / child's breathing. Small prongs are placed in the nose and a small volume of oxygen is delivered this way. If your child requires more oxygen, they will be placed on "high flow". This is still given via nasal prongs but at a higher rate and it is warmed and moistened by an "airvo" machine.
- **Suction** – This is a small tube that is placed into the nose and can be used to help clear secretions. This will also be done to obtain a sample to send for testing for RSV. Although this may seem to really help with symptoms, we must be careful not to do it too often as it can cause trauma / bleeding.
- **Paracetamol** – This is not given regularly but can be given to make your baby / child more comfortable if they have symptoms of pain or fever.

Please be aware that although you will see a **doctor once a day**, decisions regarding the care of your baby / child can be made by your **nurse or a senior nurse**. As **no medication** can prevent the usual trend of the illness, the **supportive care** we give is performed by the nurses and not the doctors.

What can I do to help my baby / child in hospital?

Whilst you and your baby / child are in hospital, we feel it is important for you to continue to care for them as much as you can.
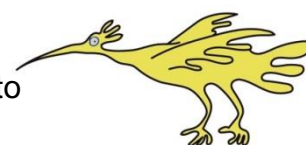
- If your baby / child requires a nappy change, please feel free to do this
- If your baby / child becomes upset, do not feel scared to pick them up and give them a cuddle.
- Whilst in hospital, we recommend you nurse your baby / child side to side in the cot, rather than permanently on their back. If you are with them and they are on a monitor, it can also be helpful to nurse them on their tummy **(not advised for when you go home!)**

We also suggest that whilst your baby is settled or asleep, try to leave them to rest. Any kind of discomfort or upset can irritate the symptoms of coughing and appear to make them worse again.

Are there any common problems that may occur?

Sometimes babies / children need closer observation and support for their feeding and breathing. In these situations your baby / child may need to be transferred to a high dependency ward. In such a situation this would be discussed with you in detail.

When can we go home?

You and your baby / child will be able to go home once a satisfactory amount of milk can be tolerated by mouth. Some babies / children may also be able to go home if still requiring a small amount of oxygen. This can be discussed with your consultant / nurse and with our community nursing team. **Please note your baby may still be slightly snuffly, and the cough may persist for up to 6-8 weeks.**

References

NICE Guidelines (2016). Department of Health (2008)

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment. This information can be made available in other languages and formats if requested.