

Emergency Department

**Bronchiolitis**

Information for Parents/ Carers

**What is Bronchiolitis?**

Bronchiolitis tends to affect young children (under 2 years of age) and is caused by a number of different viral infections.

One of the most common viruses that causes bronchiolitis is Respiratory Syncytial Virus (RSV).

Rates of RSV usually peak in the winter months (November and December). However, due to the social restrictions during 2019/20 there was a period of time where children getting bronchiolitis was a lot lower. Since mixing has started again amongst children we have seen a peak in patients since around August onwards throughout the winter months.

The virus affects smaller air passages (bronchioles) in the baby's lungs. These air passages can become moist and swollen (inflamed) and this can affect baby's breathing.

It usually only causes cold like symptoms and mild breathing difficulty - breathing may be faster than normal as well as noisy and they may not be able to take their usual amount of milk by breast or bottle.

**Where does it come from and how is it spread?**

The virus exists in the environment and can be spread from person to person via sneezing, coughing and in secretions like runny noses.

It is therefore very important to wash your hands before and after caring for your baby's needs.

**What are the signs and symptoms?**

Babies with bronchiolitis usually have a cough which may be harsh and dry at first but soon becomes loose and 'chesty'.

The coughing may last for longer periods of time. Because of this, your baby may vomit it's feed and the vomit may look mucousy.

In addition to the cough, your baby may have a runny nose, a raised temperature and may have difficulty in breathing.

Your baby may become too tired or breathless to feed from a bottle or breast.

Your baby may develop a blue tinge around the lips and finger nails.

**How long will it last for?**

The period of breathlessness and poor feeding may last several days.

Most babies with bronchiolitis recover quite quickly and do not need to be admitted to hospital.

We tend to see children with bronchiolitis get a little worse each day until around the 4<sup>th</sup> day of their illness after which they are likely to start improving.

Many children will continue to cough for a few weeks afterwards once they are otherwise well and recovered. This is normal as long as it is not associated with other symptoms and you are not concerned about them in any other way.

### How is it treated?

Most children get better on their own; there are no specific medical treatments that will speed up recovery from bronchiolitis.

Antibiotics DO NOT help with treating bronchiolitis, as it is caused by a virus and antibiotics only work on bacteria.

**REST-** Your baby will need rest and should be disturbed as little as possible. Keep a close eye on your baby to check that their breathing does not become worse.

### KEEPING HYDRATED-

Small feeds should be offered at regular intervals (more often than normal so they have time to stay hydrated).

If you are worried your baby is dehydrated (lethargic, not had a wet nappy for 8-12hours, looks dry inside the mouth) then seek medical advice from your GP, NHS 111 or your local A&E department.

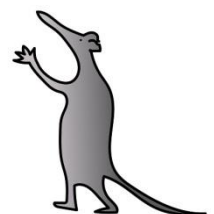
### SYMPTOM RELIEF-

If your baby has a raised temperature he/she may be given some medication e.g. Paracetamol (Calpol). Your baby should be disturbed as little as possible.

### Can it spread to others?

Yes. Your baby will be infectious to other children for about a week after the symptoms started.

Your GP and (if appropriate) Health Visitor will receive a letter about your baby's attendance to hospital. Your Health Visitor or a member of our Community Nursing Team may arrange to visit you at home depending on your babies age and how they have presented to us today.



When to worry with bronchiolitis:

<b>RED</b>	<b>If your child has any of the following:</b> <ul style="list-style-type: none"><li>• Is pale, mottled and feels abnormally cold to touch</li><li>• Has pauses in their breathing lasting more than 10 seconds, makes a <b>grunting</b> noise every time they breathe out or has blue lips/tongue</li></ul>	<b>You need urgent help.</b>  Go to the nearest <a href="#">Hospital Emergency (A&amp;E) Department</a> or Phone 999
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	<ul style="list-style-type: none"> <li>• Is stiff or rigid or makes repeated, jerky movements of arms or legs that doesn't stop when you hold them (a fit or seizure)</li> <li>• Is extremely agitated (crying inconsolably despite distraction), confused or very lethargic (difficult to wake)</li> <li>• Has a rash that does not disappear with pressure (the '<a href="#">Glass Test</a>')</li> <li>• Is under 3 months of age with a temperature of 38°C / 100.4°F or above (unless fever in the 48 hours following vaccinations and no other red or amber features)</li> </ul>	
<b>AMBER</b>	<p><b>If your child has any of the following:</b></p> <ul style="list-style-type: none"> <li>• Difficulty breathing, including breathing fast all of the time; widening their nostrils or <a href="#">pulling in of the muscles below the ribs</a> when breathing</li> <li>• Not interested in feeding and/or looks dehydrated (dry mouth, sunken eyes, no tears, drowsy, no wet nappies in the last 8 hours or sunken fontanelle (soft spot on the head))</li> <li>• Is drowsy (excessively sleepy) or irritable (unable to settle them with toys, TV, food or picking up) – especially if they remain drowsy or irritable despite their fever coming down</li> <li>• Is 3-6 months of age with a temperature of 39°C / 102.2°F or above (but fever is common in babies up to 2 days after they receive vaccinations) or continues to have a fever of 38.0°C or above for more than 5 days</li> <li>• Is getting worse or if you are worried</li> </ul>	<p><b>You need to contact a doctor or nurse today</b></p> <p>Please ring your GP surgery or call NHS 111 - dial 111  If symptoms persist for 4 hours or more and you have not been able to speak to either a member of staff from your GP practice or to NHS 111 staff, recheck that your child has not developed any <b>red</b> features.</p>
<b>GREEN</b>	<ul style="list-style-type: none"> <li>• None of the above features are present</li> <li>• It is normal for a baby to take slight pauses in their breathing for a few seconds, or to breath rapidly for a short period. By 6 weeks of age they should have a more regular breathing pattern.</li> </ul>	<p><b>Self care</b></p> <p>Continue providing your child's care at home. If you are still concerned about your baby, speak to your <a href="#">health visitor</a>, <a href="#">local pharmacist</a> or call NHS 111– dial 111</p> <p>For parents from ethnic minority groups, you can contact the <a href="#">Barnado's Boloh advisors</a> who can provide practical advice and support in many different languages. Call <a href="#">0800 151 2605</a> or click <a href="#">here for the web chat function</a>.</p>

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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.

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