

Information and advice for parents and carers

Paediatrics

What is bronchiolitis?

Bronchiolitis is a common infection that affects babies and young children. It causes the smallest airways in the lungs (called the bronchioles) to become inflamed. This leads to a build up of mucus, making it harder for the child to breathe. The illness normally peaks in 2-3 days although it can last longer.

It is estimated that a third of infants in the UK develop bronchiolitis in their first year of life, and 90% of those who do are less than 9 months old.

What causes bronchiolitis?

Bronchiolitis is most commonly caused by an airborne virus called respiratory syncytial virus (RSV), which is passed on through direct contact and through airborne droplets spread by coughing and sneezing, but can also be caused by a number of other viruses. Bronchiolitis is more common in the winter months.

What are the symptoms?

Initially, the symptoms can be similar to a common cold

- a blocked or runny nose
- high temperature (38°C or above)
- wheezing
- dry cough

Later on, more severe symptoms may include:

- rapid or shallow breathing
- a loss of interest in feeding
- in some cases the child may have episodes of stopping breathing (apnoeas)

How is bronchiolitis diagnosed?

A doctor will diagnose bronchiolitis by asking questions and examining your baby. Some babies who need admission to hospital may have a sample of mucus taken from the back of their nose to test for the virus.

We may carry out a chest x-ray to check if there is an associated chest infection (in which case your child will need antibiotics).

What is the treatment?

There is no treatment that will kill the virus that causes bronchiolitis. If your child does not have any breathing difficulties and is feeding well they do not need to see their GP or go to hospital. If your child is having any of these problems they will need treatment in hospital.

Bronchiolitis

Information and advice for parents and carers

Paediatrics

In hospital your child's breathing will be monitored. If their oxygen levels are low they will be given oxygen through a mask or small prongs which fit into the nose. In severe cases, a child may need additional support with breathing by CPAP (small tubes which fit into the nose and provide pressure to support breathing) or Ventilation (tube passed through the mouth into the lungs to take over breathing). These are only needed in a minority of cases.

If your child is not able to take enough feed they may need feed and fluids through a nasogastric tube (a small tube passed through the nose into the stomach). If they are too unwell for this they may need fluids given through a cannula (small plastic tube) into a vein.

What are the benefits of these treatments?

These treatments will help prevent your baby becoming dehydrated and will support their breathing.

What are the risks of these treatments?

Fluids through a cannula: It can be difficult to insert the cannula and in some cases the doctors may have to try more than once. Every effort will be made to reduce pain whilst the tube is being inserted.

Nasogastric tube: There is a risk that the tube could be inserted into the lungs instead of the stomach, which could cause a chest infection if the fluids are given. This is very rare and to prevent this occurring, the nurses will check the tube is in the right position before it is used.

What are the risks of not getting treatment?

If your child does not have treatment they could become dehydrated or not get enough oxygen, which can be very serious.



Information and advice for parents and carers

Paediatrics

Further information

If your child has been treated in hospital and, within 24 hours of them being discharged, you have any questions or concerns please contact the ward they were treated on:

Priory Ground 0121 507 3927

Lyndon Ground 0121 507 3717

Lyndon 1 0121 507 3800

Paediatric Assessment Unit (City Hospital)

0121 507 4019

After this time, or if your child has not required hospital treatment, please contact your GP or NHS Direct or in an emergency take them to the Accident and Emergency department.

NHS Direct

0845 46 47

For more information about our hospitals and services please see our website:

Sandwell and West Birmingham Hospitals NHS Trust

www.swbh.nhs.uk

Sources used for the information in this leaflet

• Scottish Intercollegiate Guidelines Network, 'Bronchiolitis in children', November 2006

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5303 or email: **swb-tr.swbh-gm-patient-information@nhs.net**



A Teaching Trust of The University of Birmingham Incorporating City, Sandwell and Rowley Regis Hospitals © Sandwell and West Birmingham Hospitals NHS Trust ML4792

ML4792 Issue Date: February 2015 Review Date: February 2018