



Bronchiolitis

What is Bronchiolitis?

Bronchiolitis is a viral infection that causes inflammation of the small air passages (bronchioles) in the lungs making breathing difficult. It is common in the winter months and is most often seen in babies and children under the age of two.

What causes it?

Bronchiolitis is caused by a number of viruses but most commonly by an airborne virus called respiratory syncytial virus (RSV) that is passed on through direct contact, coughing or sneezing. It is very common, especially over the winter months, when nearly all children may become exposed to it.

What are the symptoms?

Milder symptoms include those of a common cold: blocked or runny nose, mild fever, and reduced appetite. The symptoms can worsen over the first 4-5 days.

More severe symptoms include: difficulty breathing, wheezing, persistent dry cough, fast heart rate, refusal of food, vomiting, high temperature, blue tinged lips, cold hands and feet, fewer wet nappies and irritability.

What should I do about feeding?

The amount of fluid your child takes may decrease due to the difficulties in breathing. Your child may benefit from having smaller amounts of fluid more frequently. Fluid intake at this stage is more important than having solids.

Keep an eye on your child's fluid intake to make sure they do not become dehydrated. Some signs include not passing urine, fewer wet nappies over a period of time and a dry mouth.

What precautions need to be taken?

Do not expose your child to tobacco smoke.

Wash your hands thoroughly after handling your baby.

How is it treated?

There is no specific treatment for bronchiolitis and antibiotics are not required as it is a viral infection. All that is needed is supportive treatment. Babies require rest and small regular feeds.

How long does bronchiolitis last?

Even though your child may be well enough at home, they may continue to have a cough and remain chesty for several weeks. Providing your child is well and feeding well, there is no need to be concerned. Cough medicines are ineffective.

What should I expect if my child is admitted?

If bronchiolitis is suspected a small amount of mucus is taken from the back of the baby's nose using a small tube and this will be tested for the presence of respiratory syncytial virus (RSV). Babies with any type of bronchiolitis will be nursed in a single room with the door closed or sometimes in a four-bedded room with other babies with the same type of bronchiolitis as it is extremely contagious.

The doctors and nurses in charge of your baby's care will discuss any treatment with you and will be able to answer any questions you may have.

If a baby is not managing to feed from a bottle/ breast because they are tired, a tube is sometimes passed through the nose into the baby's stomach so that milk or water can be given. In some situations a drip is needed that gives a baby fluid directly into their veins. Sometimes a baby will require oxygen. This may be given through a facemask, tubes in their nose, a head box or covered chair. Your baby will have the level of oxygen in their blood monitored using a sensor attached to their foot or hand. If a baby has a temperature or is irritable paracetamol may be given. Sometimes babies will need a blood test.

Other information

If your baby is diagnosed with bronchiolitis it is extremely important that you wash and dry your hands thoroughly after any contact with your baby and upon leaving your baby's room as the virus can live on hands for 30 minutes after contact. It is also advisable to wear an apron as the virus can live on clothes for 2 hours. It is important that you leave the door to your room closed and that you do not visit other areas of the ward. Your baby will only be discharged when the doctors feel he/she is ready. They may still have mild chesty symptoms such as a cough for several weeks after discharge.

When should I get advice?

Contact your GP or return to the Emergency Department 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
- you notice any changes in their colour such as a pale face or blue lips.

Tell us your views

If you wish to discuss any aspect of your treatment and care, please speak to a senior member of staff or to the nurse looking after you. The matrons are also available during normal working hours and they welcome your views.

Friends and Family Test

Whatever your experience you can give feedback by answering the Friends & Family test question – How likely are you to recommend our A&E Department to family and friends if they needed similar care or treatment?

This can be completed online at <http://surveys.this.nhs.uk> using tag name **chftae** or by completing the form available within the department.

If you have any comments about this leaflet or the service you have received you can contact :

Manager

Emergency Department

Huddersfield Royal Infirmary

Telephone No: 01484 342396

www.cht.nhs.uk

or

Calderdale Royal Hospital

Telephone No: Halifax: 01422 222325

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Amennyiben ezt az információt más formátumban vagy nyelven szeretné megkapni, vegye fel a kapcsolatot fenti részlegünkkel.

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਰ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ میں یا زبان میں درکار ہوں، تو برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔