Bronchiolitis (RSV)

Bronchiolitis (bron-key-oh-LIE-tiss) is an infection of the small airways caused by a virus. The most common viruses that cause it are RSV (respiratory syncytial virus), para influenza virus, rhinovirus (common cold), human metapneumovirus and adenovirus. Health care providers often call bronchiolitis "RSV infection." Bronchiolitis is seen most often in late fall and winter months through March.

Bronchiolitis affects the small airways (bronchioles) in the lower respiratory tract (Picture 1). These small airways become swollen and filled with mucus and tiny cell particles. The narrow airways make it hard for the child to breathe out. This illness usually affects infants between the ages of 2 and 12 months. It is rare in children over 2 years of age; however, older children and adults can get cold-like symptoms caused by the same virus.

Early Signs of Bronchiolitis

- Runny nose and stuffiness
- Fever is possible
- Coughing (lasts about 3 to 4 weeks)
- Irritability

Later Signs

- Fast and shallow breathing
- Chest may pull in when your child breathes (retractions). This happens because he or she cannot move air in and out of the lungs.
- Wheezing with long and noisy breathing out. Wheezing and tight breathing get worse for 2 to 3 days, then start to get better. Wheezing lasts about for 7 days.
- Frequent coughing spells
- Less interest in eating
- Not as playful; gets tired easily
What to Expect at the Doctor's Office or Emergency Room

- Your child will be examined by a doctor.
- A bandage that has a sensor with a small red light may be placed on the child's finger or toe. This is connected to a machine that shows the oxygen level of his blood. It does not hurt.
- Your child’s nasal congestion might be treated with salt water drops and suctioning.
- You may hold and cuddle your child to comfort him or her.

Prevention

The viruses that cause bronchiolitis are very contagious (catching). They can spread to others for up to 28 days. The infection is spread by the hands after touching mucus, saliva or other drainage from the child's nose and mouth.

- All family members must practice good hand washing, especially after touching mucus, saliva and drainage from the nose and mouth.
- Dispose of facial tissues properly.
- Cover nose and mouth when coughing. Coughing into your sleeve instead of your hand is recommended.

What You Can Do at Home

Some children with bronchiolitis have repeated spells of wheezing later on at home. If your child gets worse or starts wheezing again after he goes home, call the child’s doctor. Here are some things you can do at home to help your child:

- Place your child on his side or back with his head to the side.
- Use a bulb syringe to clear your child's nose. (Refer to Helping Hand HH-II-24, Suctioning Nose with a Bulb Syringe.)
- For infants, continue breastfeeding. Breast milk is known to help fight infection.
- Give liquids often, in small amounts
- Encourage your child to drink more fluids than normal.
- Clear liquids such as juices or Pedalyte® may be given if your child has trouble taking formula or milk. If your child is still only drinking clear liquids after 2 days, please call his doctor.
- Feed your child slowly and let him rest often.
- Hold your child gently and talk to him quietly.
- Do not let anyone smoke in the house or around your child. Smoke will make it even harder for your child to breathe. It may also cause more frequent and more severe lung and ear infections.
If Your Child Is Hospitalized

- If your child is admitted to the hospital, many of the treatments given in the Emergency Department will be continued.
- Your child may be connected to a machine to watch the heart rate. The oxygen level of the blood will continue to be checked.
- Your child may have an IV, if needed, to give fluids and some nourishment. Often the child with bronchiolitis finds it very hard to eat and drink.
- If your child's nose gets clogged with mucus, a bulb syringe or small tube connected to a suction machine may be used to remove the mucus.
- Children who are younger than 2 months of age, or those with a severe infection or a history of heart or lung disease, may need special treatment.
- Some children may need oxygen. This is usually given using a nasal cannula (plastic tubing with small prongs in the nose) or a mask.

When to Call Your Doctor

Call your child’s doctor if your child has any of these signs:

- Trouble eating
- Trouble sleeping
- Trouble breathing, or is breathing very fast
- Skin color not as pink as usual, or blue-looking
- The skin below or between the ribs pulls in when your child breathes
- Cannot be comforted when being held or fed

If you have any questions, be sure to ask your doctor or nurse, or call ______________.