

BRONCHIOLITIS

Current Anticipatory guidance Recommendations and Education (CARE)

What is Bronchiolitis?

- Bronchiolitis is caused by a **virus** that leads to inflammation of the tubes or airways that go into the lungs along with the nose and throat.
- This is a very common infection and is seen in many children especially during certain times of the year.
- Because this caused by a virus and not bacteria, antibiotic medications will not help.
- RSV is one of the viruses that causes bronchiolitis
- Viruses are passed by the air and can go from person to person especially with coughing or sneezing. Children who are in daycare often pass this around but even children who stay at home may get bronchiolitis.
- Some children may get bronchiolitis or similar **cough and cold several times in one year**. These occur most often during the winter and so it may seem like your child is sick all the time during the cold season.
- Children who are very young, have other health problems, were born early, or do not have vaccinations have more chance of getting sicker.
- Blood work and X-rays will not tell your doctor if your child has bronchiolitis but sometimes these are ordered if the doctor has concerns for other causes of your child's cough and fever.
- Some children improve with breathing treatments but most do not. Your doctor may try this out to see if it helps.
- The symptoms go away on their own but it does **take time**.

What should I expect?

- This type of illness is similar to a **typical cold in adults** but looks different in children
- Congestion or junky sounding breathing especially in the nose is very common. This may get louder at times and worse at night. Your child may also have a runny nose or green/yellow/white mucus.
- Mild fevers may occur and can be treated with Acetaminophen and/or Ibuprofen (Ibuprofen only if older than 6 months old).
- Small decreases in appetite may happen but your child should still be able to **drink fluids**
- Coughing that can also get worse at night. Children sometimes get red in the face when they are coughing very hard and sometimes appear that they are having trouble breathing. This is not uncommon but if your child turns blue, limp, or requires intervention to breathe, you should get them evaluated.
- Some decrease in normal activity and some increase in sleeping is common as well.
- Mild wheezing or noisy lung sounds is also expected.
- This can be contagious so other people in the house may get sick too

What can I do for my child?

- If breathing sounds junky in the nose, you may use **saline water drops** to moisten mucus, and then use bulb suctioning to help clean it out. (Congestion may make it harder to feed from the bottle)
- Try this when needed, but if used too often your child may have more congestion.
- The best way to do this is to put a few drops into one nostril, close the opposite nostril and while keeping it closed, squeeze the bulb. Place the bulb in the nostril with the saline and stop squeezing. Do the same on the other side. This can be repeated.
- **Don't smoke around your child!** This is very important! Even smoking away from your child can cause problems as smoke is easily passed clothing and hair.
- A cool air humidifier may be useful in your child's room. If you do not have one of these, running a shower can help increase the humidity in the room. Be sure the humidifier is clean as mold may build up in older humidifiers

Did you know?

TYLENOL = ACETAMINOPHEN
MOTRIN, ADVIL = IBUPROFEN

Many medicines have more than one name,
generic and brand name.

Generic and brand work the same.

Ibuprofen/Motrin may only be given to children

- Acetaminophen may be used for mild fevers every 4 hours at the appropriate dose. Make sure and read the package instructions or your doctor's instructions
- Ibuprofen may also be used for mild fevers but is given every 6 hours in the appropriate dosages and only for children older than 6 months of age.
- If your child was given an inhaler or nebulizer continue to use this at home every 4 hours while your child is still sick
- Your child may not want to eat as much as normal, but make sure they are **drinking fluids**

and making wet diapers or peeing. They might not drink as much as usual or make as many diapers as usual but if they are still making some diapers this is good sign.

- Congestion may make it harder to feed from a bottle.
- Occasionally breathing medication such as Albuterol may help. Often they do not. Your doctor will decide if they may be useful or not.
- Other medications are not helpful for coughing and congestion. **Over-the-counter medications advertised for cough and congestion are not recommended and can be dangerous** in some children.

Did you know?

ANTIBIOTICS DON'T TREAT VIRAL
INFECTIONS.

Overuse of antibiotics can make future
bacteria infections more difficult to treat.

- Make sure you **wash hands** and avoid other sick people as much as possible. Your child may go back to daycare but may get sick again and may spread the virus as well.

- Allow your child to get plenty of rest and avoid too much activity that may make wheezing worse.
- See your primary care physician to make sure your child is improving and make sure they are up to date on medical care and vaccinations.
- Hold and cuddle your child, read books, sing to them. It's scary to be sick & distraction will help them feel better.
- Sometimes sleeping in an upright position makes breathing easier. Put towels under the mattress (never under your baby) to help elevate the mattress

How long will my child be sick for?

- Congestion and cough typically last about 7 to 10 days but may continue longer.
- Children may get a little worse after a few days. Between 4 to 7 days your child may have the most significant cough and congestion and then this should start to improve.
- If fever does develop this will not likely last the full course of the illness but may go on for about 4 days.
- Below are concerns that should bring your child back to get care.

When should I get immediate care?

- If your child has a fever and is less than 4 months of age you should be seen or discuss with your Primary Care Physician. In addition if the fever lasts for more than 5 days, everyday, please let your PCP know.
- If your child has other health conditions such as heart and lung problems, or was born early
- If your child is not up to date with immunizations
- If your child is not breathing or is turning blue or purple when trying to breathe
- If your child is wheezing, or has lung sounds that are very loud
- If your child is breathing much faster than usual or looks tired from breathing
- If your child vomits from coughing or has trouble breathing with the cough
- If your child has to use accessory muscles (using their stomach to breathe or retractions of the ribs) and you are noticing a lot of effort to breathe
- If you were given a nebulizer or a puffer and your child needs to use it more than every 4 hours
- If your child is not taking any fluids or is not peeing or making wet diapers
- If your child is vomiting frequently
- If your child is not acting normally or is sleeping constantly or other activities or signs that are concerning to you or your doctor