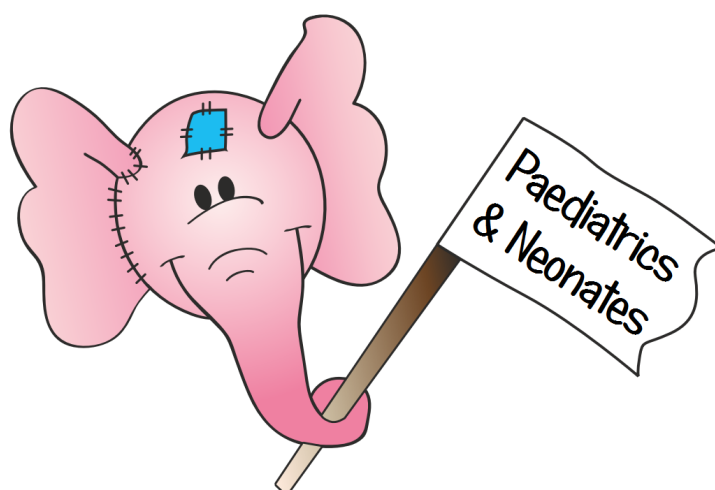


# Bronchiolitis

## Children's Ward

### Parent/Carer Information Leaflet



## Introduction

Your baby has bronchiolitis. We know it can be a frightening experience seeing your baby having difficulty breathing, which is why we have devised this leaflet to explain the facts about bronchiolitis.

## What is bronchiolitis?

Bronchiolitis is when the tiniest air passages in your baby's lungs become swollen. This can make it more difficult for your baby to breathe. Bronchiolitis can be caused by a number of viruses, but the most common one is a respiratory syncytial virus known as RSV.

Almost all children will have had an infection caused by RSV by the time they are two. It is most common in the winter months and usually only causes 'cold-like' symptoms. Most children get better without any treatment.

Some babies, especially very young ones, can have difficulty with breathing or feeding and may need to go to hospital.

## Can I prevent bronchiolitis?

No. The viruses that cause bronchiolitis in babies also cause coughs and colds in older children and adults, so it is very difficult to prevent.

## What are the symptoms?

- Bronchiolitis starts like a cold. Your baby may have a runny nose, a temperature and a cough.
- After a few days your baby's cough may become worse.
- Your baby's breathing may become faster than normal and it may become noisy. He or she may need to make more effort to breathe.
- Sometimes, in very young babies, bronchiolitis may cause them to have brief pauses in their breathing.
- As the breathing becomes more difficult, your baby may not be able to take the usual amount of milk by breast or bottle. You may notice fewer wet nappies than usual.
- Your baby may be sick after feeding and become irritable.

## How can I help my baby?

- If feeding is difficult, try breastfeeding more often or offering smaller bottle feeds more frequently.
- If your baby has a temperature, you can give him or her paracetamol (for example, Calpol or Disprol). You must follow the instructions that come with the paracetamol carefully; do not exceed the recommended dose.  
If you are not sure, ask your community pharmacist if paracetamol is suitable for your baby, and what dose you should give.
- If your baby is already taking any medicines or inhalers, you should carry on using these. If you find it difficult to get your baby to take them, ask your GP for advice.
- Bronchiolitis is caused by a virus so antibiotics will not help as they only work against infections caused by bacteria.
- Make sure your baby is not exposed to tobacco smoke. Passive smoking can seriously damage your baby's health. It makes breathing problems like bronchiolitis worse, even if parents smoke outside the house.

## How long does bronchiolitis last?

- Most babies with bronchiolitis get better within about two weeks. They may still have a cough for a few weeks.
- Your baby can go back to nursery or day care as soon as he or she is well enough. That means they are feeding normally and have no difficulty in breathing.
- There is usually no need to see your GP if your baby is recovering well. However, if you are worried about your baby's progress, discuss this with your GP or health visitor.

## When should I get advice?

- If you are worried about your baby.
- If your baby is having difficulty breathing.
- If your baby is taking less than half their usual feeds over two to three feeds, or has no wet nappy for eight to 12 hours.
- If your baby has a high temperature.
- If your baby seems very tired or irritable.

### **Dial 999 for an ambulance in any of these cases:**

- Your baby is having a lot of difficulty breathing and is pale or sweaty.
- Your baby's tongue and lips are turning blue.
- There are long pauses in your baby's breathing.

## **What will happen if I take my baby to hospital?**

- At hospital, a doctor or nurse will examine your baby.
- The doctor or nurse will check your baby's breathing using a special machine called a pulse oximeter. This is a light-probe which will usually be wrapped around your baby's finger or toe. It measures the oxygen in your baby's blood, and helps doctors and nurses to assess your baby's breathing.
- If your baby needs oxygen, it will be given through fine tubes into their nose or through a mask.
- If your baby needs help to breathe or feed, he or she may need to stay in hospital.
- You will be able to stay with your baby while they are in hospital.
- Your baby will probably only need to stay in hospital for a few days. You will be able to take your baby home when he or she is able to feed and does not need oxygen any more.
- To confirm the cause of bronchiolitis, some of the mucus from your baby's nose may be tested for RSV. In hospital, it is important to separate babies with the virus from those who do not have it to stop the virus from spreading.
- You will need to clean your hands with alcohol gel or wash and dry them carefully before and after caring for your baby.
- Visitors may be restricted to prevent the spread of infection.
- If your baby needs help with feeding, he or she may be given milk through a feeding tube. This is a small plastic tube which is passed through your baby's nose or mouth and down into his or her stomach. It is kept in place by taping the tube to your baby's cheek. The tube will be removed when your baby is able to feed again.
- Some babies may need to be given fluids through a drip to make sure they are getting enough fluids.

- A few babies become seriously ill and need to be nursed in our High Dependency Unit (HDU) area of the ward or be transferred to intensive care (perhaps in a different hospital) for specialist help with their breathing.

## What happens if my baby needs HDU care?

Very few children require HDU/intensive care for bronchiolitis, but there are two main reasons why they might need it.

The first is if their oxygen saturations stay low or if they are developing problems where the effort is exhausting them, and the second is if they have apnoea (short periods during which they stop breathing).

The team will support a child through their illness in a number of ways:

### Breathing support

- **High flow oxygen** – a mixture of air and oxygen given at a ‘high flow’ through short plastic tubes placed just inside the nostrils. This helps to open your child’s airways so that the lungs can add oxygen to their blood.
- **Continuous positive airway pressure (CPAP)** – a mixture of air and oxygen delivered at a high pressure through short plastic tubes. The pressure of this mixture opens the child’s airways.

**If your baby remains unwell despite high flow or CPAP, the doctors will inform the Intensive Care Unit (ITU) in the hospital to review your child.**

## What happens after leaving the hospital?

Remember, you can ask your GP or health visitor for advice or contact them if you become worried about your baby.

## Will it happen again?

Your baby is not likely to get bronchiolitis again, although occasionally it can happen.

## Are there any long term effects?

Your baby may still have a cough and remain chesty and wheezy for some time but this will settle down gradually.

Bronchiolitis does not usually cause long term breathing problems.

## Can I find out more?

You can find out more from the following weblink:

### NHS Choices

<http://www.nhs.uk/conditions/bronchiolitis/Pages/Introduction.aspx>

If you have any questions or if there is anything you do not understand about this leaflet, please contact:

Children's Ward on 01384 244271

Russells Hall Hospital switchboard number: 01384 456111

### This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/c2-childrens-ward/>

If you have any feedback on this patient information leaflet, please email [dgft.patient.information@nhs.net](mailto:dgft.patient.information@nhs.net)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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