

Bronchiolitis

What is bronchiolitis?

Bronchiolitis is a chest infection that is common in babies in the first year of life, particularly those under six months of age. It usually happens in winter. While most cases are mild, bronchiolitis can become serious in very young babies.

What causes bronchiolitis?

Bronchiolitis is caused by a viral infection of the lungs. The infection causes inflammation and mucus to build up in the airways, making it more difficult to breathe.

What are the symptoms?

Bronchiolitis starts as a cold (with a runny nose, red eyes, sore throat and a fever). Then after one or two days, your baby may also develop:

- A cough
- Noisy breathing that sounds wheezy (a high pitched noise or whistle when they breathe out)
- Breathing that is hard work – you may see the ribs or skin under the neck sucking in or nostrils flaring when they are breathing; younger babies may bob their heads when breathing
- Difficulty feeding or sleeping

Symptoms are usually worst on the second or third day, and your baby may be sick for up to 10 days. Their cough may continue for up to 4 weeks.

Treatment

Bronchiolitis is often a mild illness that is best treated at home.

However a child with severe bronchiolitis may need to be observed in hospital. Doctors may need to:

- Monitor your baby with regular checks of their heart and breathing rates
- Give extra oxygen
- Give extra fluids through a tube from the nose into the stomach (nasogastric tube), or directly into a vein through a drip (intravenous or IV therapy)

Premature babies and those with existing heart or lung problems are at greater risk of becoming ill with this infection. For these babies having an early medical review is very important when they become sick, they are at risk of getting worse quickly.

Alan, Ada and Eva Selwyn Emergency Department
24 hours, 7 days a week
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Bronchiolitis is a viral illness. Antibiotics do not help. Medicines like steroids, adrenaline and asthma medication are also not helpful in treating bronchiolitis.

Home care

Most babies can be cared for at home if the illness is mild. Be guided by your doctor but there are some simple measures that may help recovery.

- Allow your baby to get plenty of rest. Keep your child at home while they are unwell.
- Your baby may not feed as well as normal. They may become tired while feeding, so offer smaller amounts of formula or water more often, or give more frequent but shorter breast feeds. This helps your baby to breathe better.
- Saline nasal drops or nasal sprays can help to clear the nasal passages of mucus. This will allow your baby to feed more comfortably.
- If your baby has a fever and is miserable, you can give paracetamol (such as Panadol® or Dymadon®). Carefully check the label for the correct dose and give as instructed. Make sure you are not giving your child any other products containing paracetamol (such as some cough medicines and cold and flu preparations).
- Bronchiolitis can be passed on to other young children. Keep your child home from childcare and other places where there are young children.
- Do not allow anyone to smoke in the home or around your baby. This is especially important around babies with any respiratory illness.

What to expect

The wheezing usually lasts two to five days. Your baby will slowly improve over a week to ten days. The cough can last up to a month.

Bronchiolitis usually happens only once, although some babies can have it again. There is no vaccine to prevent this illness.

Bronchiolitis and asthma

The symptoms of bronchiolitis and asthma are similar, but the two illnesses are quite different.

Most doctors do not diagnose asthma until a child is at least 12 months old, when the muscles around the airways have matured.

PATIENT INFORMATION

Some babies who have bronchiolitis may go on to develop asthma. Doctors do not know whether bronchiolitis has any role in causing asthma or whether children who develop asthma are simply more likely to get bronchiolitis as babies.

Asthma in children is usually mild and easily treated.

Seeking help

Cabrini Emergency Department (ED) is staffed by experienced emergency doctors and nurses 24 hours a day, 7 days per week. If you have any questions about your ED treatment our qualified ED staff can be contacted on **(03) 9508 1500** at any time. If you need to return to Cabrini ED for ongoing care we would be glad to take care of you again and if this occurs within a week of your initial consultation the doctor's fee will be bulk-billed.

You can also expect to receive a phone call or SMS message from one of our emergency nurses the day after you have been discharged. The nurse will be able to clarify any aspect of your diagnosis, treatment, or follow-up.

In a medical emergency return to Cabrini ED if it is safe to do so or go to the nearest hospital emergency department or call an ambulance – dial triple zero (000).

Return to Cabrini ED if your baby:

- Has difficulty breathing, irregular breaths or fast breathing at rest
- Is pale and/or lethargic
- Is not wanting to breast or bottle feed
- Is not producing urine or has no wet nappies
- Is changing colour in the face when they cough
- Has skin that is pale and sweaty
- If you are worried for any reason

Call an ambulance – dial triple zero (000) immediately if your baby is struggling to breathe or if their lips start to turn blue.

Want to know more?

- Contact Cabrini ED on **(03) 9508 1500**
- Ask your local doctor or healthcare professional
- Visit the Royal Children's Hospital website www.rch.org.au/kidsinfo
- Visit the Better Health Channel at www.betterhealth.vic.gov.au