

fact sheet

Emergency Department

Bronchiolitis

Bronchiolitis is a common condition of the small airways (breathing tubes) affecting children under the age of two years.

More than 80 per cent of cases occur in the first year of life, commonly between 2 to 10 months of age. It is more common in winter.

What causes bronchiolitis?

Bronchiolitis is caused by a virus. The most common virus is respiratory syncytial virus (RSV). Children normally contract the virus from another family member suffering from a mild respiratory infection (cold or flu symptoms). The virus attacks the small breathing tubes (bronchioles) of the lungs.

Signs and symptoms

- Bronchiolitis often starts with 'cold' symptoms (runny nose, cough, sneezing, sometimes fever)
- Over a period of a few days, coughing worsens and you may hear a wheezing sound when your child breathes out (similar to the sound of asthma)
- Breathing may be faster and harder than normal
- Your child may experience difficulty with feeding due to laboured breathing
- Symptoms are often worse at night

Treating bronchiolitis

Bronchiolitis is a viral infection so no medicine can be taken to cure it. It usually reaches its peak after two or three days then gradually improves. Most children are back to normal within 7–10 days, although the cough can last for up to a month.

Bronchiolitis may be more severe (and recovery may take longer) in very young children (under three months), ex-premature babies or children with underlying lung or heart conditions.

If they have a high fever, children's paracetamol (in recommended doses) may help your child feel more comfortable.

Asthma medications (such as ventolin) may be tried for older children as it can be difficult to tell the difference between asthma and bronchiolitis.

Sometimes a doctor or nurse may collect a specimen from the back of your child's nose to test for viruses. The results will usually be available the next day.

In hospital the treatment of bronchiolitis may include oxygen therapy and suctioning of the nose. If your child has difficulties feeding they may be given fluids through a nasogastric tube (via the nose into the stomach) or intravenous line (into the vein).

Things you can do at home

- Bronchiolitis is an infectious disease so try to keep your child away from other small children and babies until they recover.
- Keep your child away from cigarette smoke.
- Ensure your child is getting enough fluid. **Smaller, more frequent feeds may be easier for your child.**
- Keep your baby's nose clear by cleaning with tissues or cotton buds (as small babies only breathe through their nose).
- A small bit of salt water solution (eg. Narium or Fess) may be dropped or sprayed in each nostril before your baby's feed to help clear the nose.
- A nasal aspirator may help to remove mucus.

When should you return?

Return to your doctor or hospital if your child:

- has low fluid intake or is refusing feeds, especially if they have fewer wet nappies than usual
- develops fast and laboured breathing, irregular or slow breathing
- seems very sleepy, becomes pale or sweaty or begins to look blue in the skin
- pauses between breaths
- shows worsening of the cough or wheeze.

Contact us

Lady Cilento Children's Hospital
 501 Stanley Street, South Brisbane
 t: 07 3068 1111 (hospital switchboard)

In an emergency, always contact 000 for immediate assistance.

 www.childrens.health.qld.gov.au

 www.facebook.com/childrenshealthqld

FS006 developed by Emergency Department. Updated: November 2014.

All information contained in this sheet has been supplied by qualified professionals as a guideline for care only. Seek medical advice, as appropriate, for concerns regarding your child's health.