



# Bronchiolitis

## WHAT IS BRONCHIOLITIS?

Bronchiolitis is a common viral infection in the chest. The infection is usually seen in babies under the age of six months but can occur up to the age of 12 months. The virus causes inflammation of the airways resulting in increased mucus production which can result in the baby finding difficulty with breathing. Bronchiolitis is a self-resolving infection but typically becomes worse before getting better.

## WHAT ARE THE SIGNS AND SYMPTOMS OF BRONCHIOLITIS?

The infection typically starts with a cough and runny nose resulting in difficulty with breathing. This is usually progressive over the first 2 days of illness. Features you may notice when this occurs include:

- Noisy snuffly breathing
- Wheeze
- Increased work of breathing (Head bobbing, nasal flaring, sucking in of the ribs)
- Faster breathing
- Difficulty with feeding (reduced volumes of feed)
- Can be associated with an increased temperature

Once the illness begins to subside (usually from 7 – 10 days following the start of the illness), the cough can remain for a few weeks following the start of the illness, which is not uncommon.

## HOW IS BRONCHIOLITIS TREATED?

There is no “treatment” for Bronchiolitis. Bronchiolitis is managed in a supportive fashion. This includes:

- No antibiotics. These do not kill viruses
- No steroids. These are ineffective in Bronchiolitis
- Saline nasal drops can help clear the nose of mucus, allowing the baby to feed better. These should be administered around 10 minutes before a feed is due
- Reducing the volume, but increasing the frequency, of feeds (giving feed little and often) so to help rest the effort of breathing. In some cases, if the act of sucking causes further increased work of breathing, a “nasogastric” tube is put through the nose, into the stomach and feed is administered. Occasionally, fluids may need to be administered through a drip in the vein to keep the child hydrated
- Do not smoke in the home. The smell of smoke off clothing (even if household members smoke outside) can trigger more coughing resulting in further difficulties with breathing during the illness



- Oxygen therapy if oxygen levels are low
- In some severe cases, the breathing may become so difficult that supportive management in an intensive care setting may be needed where machines may be used to support breathing

#### ARE SOME BABIES MORE LIKELY TO GET WORSE THAN OTHERS?

Some babies can become more unwell very quickly compared to others. These would include babies who:

- Have a congenital heart condition, chronic lung condition or neurological condition
- Are immunocompromised
- Were born prematurely (less than 37 completed weeks of gestation)
- Are younger than 3 months of age

#### WHEN SHOULD I SEEK MEDICAL ATTENTION?

If you are worried about your baby at any time, you should seek medical attention. However, medical assessment should be encouraged if the baby has bronchiolitis and any of the following is noted:

- Cough getting worse
- Colour change in the face when coughing
- Colour change of the skin (pale or blue and/or sweating)
- The baby appears more tired/sleepy than normal
- The total amount of feed taken in 24hours is less than half of their normal feed/breast feeding time
- Feeds are completely refused due to coughing and/or wheezing
- Breathing is becoming faster and/or irregular
- Breathing at rest is faster than normal

**Call 999 immediately if your baby is struggling to breath or lips start to turn blue**

