

Bronchiolitis and Your Young Child

Guidelines for Parents

Adapted from *Caring for Your Baby and Young Child: Birth to Age 5*

Respiratory illnesses caused by viruses are some of the most common health problems in infancy. The common cold is the one we see most often. Bronchiolitis is another. Because of its symptoms, bronchiolitis can be scary for parents as well as children. This brochure explains what bronchiolitis is, as well as its causes, symptoms, and treatments.

What is bronchiolitis?

Bronchiolitis is an infection of the small breathing tubes (bronchioles) of the lungs. It occurs most often in infants.

Bronchiolitis is sometimes confused with *bronchitis*, which is an infection of the larger, more central airways.

Bronchiolitis is almost always caused by a virus. The infection causes the small airways in the lungs to swell. This blocks the flow of air through the lungs and makes it hard for your baby to breathe. From October through March, bronchiolitis is often caused by *respiratory syncytial virus* (RSV) infection. During the other months, the illness is usually caused by other viruses.

Most adults and many children with RSV infections get only a cold. In infants the infection is more likely to lead to bronchiolitis. This is because their airways are smaller and are more easily blocked. Infants who develop bronchiolitis may develop asthma later in life. It is possible that RSV infection is the first trigger for the asthma. RSV is spread by contact with an infected person's mucus or saliva. It often spreads through families, child-care centers, and hospital wards. Careful hand washing can help prevent the spread of this infection.

Signs and symptoms

A baby who develops bronchiolitis often starts off with signs of a cold, such as a runny nose, a mild cough, and a fever. After a day or two his cough may get worse. He will begin to breathe faster. The following signs may mean that he is having trouble breathing:

- He may widen his nostrils and squeeze the muscles under his rib cage to try to get more air in and out of his lungs.
- When he breathes he may grunt and tighten his stomach muscles.
- He will make a high-pitched whistling sound, called a wheeze, each time he breathes out.
- He may not take fluids well because he is working so hard to breathe that he has trouble sucking and swallowing.
- If it gets very hard for him to breathe, you may notice a bluish tint around his lips and fingertips. This tells you that his airways are so blocked that there is not enough oxygen getting into the blood.

If your baby shows any of these signs of trouble breathing, or if his fever lasts more than 24 hours (or is present at all in an infant under 3 months of age), call your pediatrician.

Also call your pediatrician if your baby develops any of the following signs or symptoms of dehydration:

- Taking less than her normal amount of fluids
- Dry mouth
- Crying without tears
- Urinating less often than normal

If you think your child has bronchiolitis and your child has any of the following conditions, call your pediatrician.

- Cystic fibrosis
- Congenital heart disease
- Bronchopulmonary dysplasia (seen in some infants who have been on a respirator as newborns)
- Immune deficiency disease (like AIDS)
- Organ transplant
- A cancer for which she is receiving chemotherapy

Home Treatment

There are no medications you can use to treat RSV infections at home.

Antibiotics, which treat bacteria, are not helpful for bronchiolitis because it is almost always caused by a virus. However, you can ease your child's cold symptoms. Try the following suggestions:

To relieve stuffy nose and fever:

- Thin the mucus using mild salt-solution (saline) nose drops recommended by your pediatrician. *Never use nonprescription nose drops that contain any medication. Only use salt-solution nose drops.*
- Clear your baby's nose with a suction bulb. Squeeze the bulb part of the device first. Gently put the rubber tip into one nostril, and slowly release the bulb. This slight amount of suction will draw the clogged mucus out of the nose. This works best when your baby is under 6 months old.
- Place a cool-mist humidifier (vaporizer) in your baby's room. Set it close to her. Be sure to clean and dry the humidifier each day to keep bacteria or mold from growing. *Do not use hot water vaporizers since they can cause serious scalds or burns.*
- If your baby has a fever, give her acetaminophen. (Be sure to follow the recommended dosage for your child's age.) Do not give aspirin to your child. Aspirin has been associated with Reye syndrome, a disease that affects the liver and the brain. Never give her any other kind of cold medicine without first checking with your pediatrician.

To prevent dehydration:

Make sure your baby drinks lots of fluid so he does not become dehydrated. He may prefer clear liquids rather than milk or formula. He may feed more slowly and may not tolerate solid foods very well because he is having trouble breathing.

Professional Treatment

If your baby is having mild to moderate trouble breathing, your pediatrician may try using a drug that opens up the breathing tubes, which seems to help some infants.

Some children with bronchiolitis need to be hospitalized, either for breathing problems or dehydration. Your pediatrician will treat your baby's breathing problems with oxygen and medication. The dehydration will be treated with a special liquid diet or with fluids given intravenously (directly into the blood stream)..

Very rarely an infant will not respond to any of these treatments. She might have to be put on a breathing machine (respirator). This usually is only a temporary measure to help her until her body is able to overcome the infection.

Prevention

The best way to protect your baby from bronchiolitis is to keep him away from the viruses that cause it. When possible, avoid close contact with children or adults who have colds. If your baby is in a child-care center where other children might have RSV, make sure that those who care for him wash their hands well and often.

When your baby has a cold, he needs a bit more attention to detect early signs of bronchiolitis or another serious infection. Be sure to call your pediatrician if you think your baby might have such a problem.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor
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