

# Bronchiolitis

**This leaflet provides information about bronchiolitis. If you have any further questions or concerns, please speak to the staff member in charge of your child's care.**

## What is bronchiolitis?

Bronchiolitis is a common lower respiratory tract infection, affecting the smaller airways (bronchioles) of babies and young children under two years old. Most cases are mild and get better on their own within two to three weeks, however some children have more severe symptoms and need hospital care.

Bronchiolitis is caused by a virus, most commonly Respiratory Syncytial Virus (RSV). Other viruses that cause bronchiolitis include Enterovirus, rhinovirus, Adenovirus and Parainfluenza. The virus causes symptoms like the common cold at the beginning with a runny nose and cough. Over the next few days, it can cause the small airways in the lungs (the bronchioles) to become swollen. This can make it harder for your child to breathe and you may notice signs such as noisy breathing (wheezing) or difficulty feeding.

Around one in three children in the UK will develop bronchiolitis during their first year of life, and by the age of two years, almost all children will have been infected with RSV. Bronchiolitis is particularly common during the winter and it is possible to get it more than once in the same season.

## What are the signs and symptoms?

Symptoms can start similar to those of a common cold with a runny nose and cough.

Over the next few days, they can change to:

- Persistent cough
- High temperature (fever)
- Faster and sometimes noisier breathing (wheezing)
- Difficulty feeding
- Fewer wet nappies than usual
- In bronchiolitis, very young babies may have brief pauses in their breathing.

### **When do I need to get medical help?**

Most children will recover on their own without treatment.

You should always see a doctor if your child is:

- Working harder to breathe
- Taking less than half their usual feeds
- Has had a dry nappy for 12 hours or less than four wet nappies in 24 hours
- Seems very tired or irritable.
- Has another condition that makes them at higher risk of a more severe episode (see who is most at risk section).

### **Call an ambulance (999) if:**

- Your baby is having difficulty breathing or exhaustion from trying to breathe
- S/he is breathing very fast
- Your baby's lips or tongue are turning blue.
- You are unable to wake your baby up or they do not stay awake
- There are long pauses in your baby's breathing.

## **Risk Factors**

There are some social factors that make your child more likely to develop bronchiolitis. These include:

- Passive smoking
- Older siblings / contacts
- Living in an overcrowded space.

There are other factors that make your child more likely to develop a severe episode of bronchiolitis or complications associated with bronchiolitis. These include:

- Prematurity < 32 weeks gestation
- Heart disease
- Low birth weight
- Lung disease ( e.g. cystic fibrosis, bronchopulmonary dysplasia)
- Having a weakened immune system
- Being less than three months old.

## **What are the signs and symptoms?**

- Runny nose
- Cough
- Faster and sometimes noisier breathing
- Change in breathing pattern (including pauses in breathing)
- Feeding less than usual (fewer wet nappies than normal)
- Fever.

## **Do I need any tests to confirm the diagnosis?**

The doctor will examine your baby for signs of them working harder to breathe and look for lower oxygen levels than normal. They will also use the information you give them and the

appearance of your child to show signs of dehydration.

If your baby needs admission to hospital, a swab may be performed to identify which virus caused the illness. Occasionally a chest X-ray is ordered if the team suspects a complication of bronchiolitis or a condition which may make your child suffer from a more severe episode of bronchiolitis.

### **What treatments are available?**

Most children do not need any treatment for bronchiolitis. They usually get better within a couple of weeks. Symptoms are at their worst between days three to five of the illness. Your baby's cough may continue for a couple of weeks after the other symptoms have gone away.

If your baby has low oxygen levels or isn't feeding enough, they may be admitted to hospital to be given extra oxygen or to be fed through a tube in their nose.

### **What happens if I do not get treatment?**

Most children will recover on their own without treatment. You should always see a doctor if your baby:

- Is taking less than half his or her usual feeds
- Has had no wet nappy for 12 hours
- Seems very tired or irritable
- Has another condition that makes them at higher risk of a more severe episode (listed earlier).

## Call an ambulance if:

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

## Who is most at risk?

Bronchiolitis is very common in infants and is usually mild. Things that can increase a child's likelihood of developing the infection include:

- Being exposed to smoke (for example if parents smoke)
- Family members that go to school or nursery.

There are some things that can make your child more likely to develop a severe episode of bronchiolitis or complications associated with bronchiolitis. These include:

- Prematurity < 32 weeks gestation
- Age
- Congenital heart disease
- Low birth weight
- Lung disease (e.g., cystic fibrosis, bronchopulmonary dysplasia)
- Having a weakened immune system.

## Is there anything I can do to help my child?

If you're looking after your child at home, check on them regularly, even during the night. The following advice may make your child more comfortable as they recover.

- Encourage your child to drink lots of fluids.
- Try giving smaller feeds more frequently.
- Keeping your child upright may make it easier for them to breathe, especially when feeding.
- Give paracetamol if they have a fever and are upset.
- Placing a couple of drops of saline (nasal drops) inside your child's nose before they feed can help a blocked nose. These can be bought from a pharmacy.
- Avoid smoking around your child and do not let others smoke around them.
- Watch for signs that your baby is getting worse.

To avoid the infection spreading to other children, take your child out of nursery or day care and keep them at home until their symptoms have improved.

### **Useful sources of information**

NHS Choices: [Bronchiolitis - NHS \(www.nhs.uk\)](http://www.nhs.uk)

### **Contact us**

If you have any questions or concerns, please contact the emergency department on 020 8725 2666.

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

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### **Additional services**

#### **Patient Advice and Liaison Service (PALS)**

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between

9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### **NHS Choices**

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** [www.nhs.uk](http://www.nhs.uk)

### **NHS 111**

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

### **AccessAble**

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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