



Bronchiolitis

Advice for Parents & Carers

Children's Services
Nursing & Patient Services

This leaflet has been designed to give you important information about your condition/procedure, and to answer some common queries that you may have.

What is Bronchiolitis?

Bronchiolitis is an infection in the small airways (the bronchioles) in your baby's lungs, causing inflammation and blockage of these tiny airways. It most commonly affects babies and children less than 2 years of age. Bronchiolitis makes your baby cough and become breathless. Most affected babies and children will only have mild symptoms and can be cared for at home. However some babies experience more severe symptoms and may have low levels of oxygen in the blood. If it is more serious hospital care may be required.

What causes Bronchiolitis?

It is usually caused by a virus called the Respiratory Syncytial Virus (RSV). Other viruses are sometimes the cause. RSV is a common cause of colds. In some babies it can also infect lower down the airways to cause bronchiolitis. RSV is spread in tiny water droplets coughed and sneezed into the air.

What are the symptoms of bronchiolitis?

Bronchiolitis in the UK usually occurs between November and March.

- Cold symptoms with a blocked or runny nose, cough and mild fever are usual for the first 2-3 days
- Fast breathing, difficulty with breathing, and wheezing may develop as the infection 'travels' down to the bronchioles
- The nostrils may 'flare' and the cough becomes worse

- You can often see the muscles between the ribs suck in during each breath. This is because your baby needs more effort to breath than normal
- Your baby may have difficulty feeding and taking drinks. This is because your baby is ill, tires more easily, and may struggle to breathe and feed at the same time. This could lead to dehydration if they are not feeding well

Symptoms tend to peak 2-3 days after any breathing problems start. Symptoms then gradually improve and usually go within a week or so. An irritating cough may linger a bit longer. The severity of the illness can vary from mild (being a bit worse than a heavy cold) to severe with serious breathing difficulties.

What do I need to look out for?

Here are some important signs you should look out for in your baby, if they seem to have a cold, which is going on for longer than usual.

- Your baby is having more difficulty in feeding or is not keeping their feeds down
- Your baby is sleepier or less alert than usual
- Your baby has more or new symptoms such as cough, wheeze or difficulty in breathing
- The colour of your baby's skin is changing, for example: pale or mottled

Diagnosis

Diagnosis is made by listening to the baby's/child's chest and taking a sample of the secretions from their nose (a nasopharyngeal aspirate or NPA). Testing of the secretions will confirm if the RSV Virus has caused the bronchiolitis. The result of this test is usually available on the same day. If your baby does not have the RSV Virus it means they could have one of the many other viruses that cause Bronchiolitis. Your baby will usually need to stay in hospital if:

- They need extra oxygen
- Help with feeding
- Are less than 6-8 weeks old
- Have an existing chest/heart condition

Treatment

Bronchiolitis is a 'self limiting' illness. This means it will normally go as the immune system clears the virus. There is no medicine or antibiotic that will kill the virus. Treatment for bronchiolitis is based on management of the symptoms, such as breathing difficulties and feeding.

Before reading on please note that the amount of treatment your child will need depends on how they are affected by bronchiolitis, and therefore not everything mentioned here will apply to your child. Some children's condition may deteriorate despite the treatment outlined in this leaflet and may require support such as ventilation or transfer out to a larger unit. However this will be discussed with you should the need arise.

Infection Control

The RSV Virus is highly infectious. Therefore once it has been confirmed that your baby/child has the virus they will be nursed in isolation. This means your baby/child will have their own room and must stay in this room at all times to prevent the spread of the virus. In very busy times it may be necessary to nurse all the children with bronchiolitis together in a 4-bedded bay. It is important for anybody coming into contact with your child to wash their hands thoroughly after handling and before leaving the room. Nursing staff will wear gowns when handling or feeding your child. If your child has bronchiolitis please refrain from visiting children or parents in other rooms. These measures will help to prevent spread of infection to others.

Breathing

If your baby/child has bronchiolitis they may have an irritating cough, it is also normal for your baby/child to develop wheezy episodes. Fast breathing and 'sucking in' around their ribs is commonly seen. This is called recession.

To help with this problem your baby/child should be nursed with the head of their mattress raised.

Nursing staff will monitor your baby/child by recording their breathing rate, pulse rate, colour and by observing how much effort they are using to breathe.

It is often necessary to monitor the percentage of oxygen your child has in their blood. This is done using a special probe called a saturation probe. The probe is usually placed on the hand or foot. Normally the percentage of oxygen in the blood is

above 95%. If the oxygen rate falls below 92% then it will be necessary to give oxygen.

This is done by placing a small tube called nasal cannula into their nostrils through which oxygen will be given. The oxygen will be piped through sterile water in order to humidify it. This keeps the oxygen moist and more comfortable for them to breathe.

It may be necessary to periodically clear some of the excess secretions from their nose, especially before they feed, to help them breathe and feed more easily. This is done by putting a small flexible tube in to their nose and sucking the secretions out. Suction should not be over performed as the process itself can stimulate more secretions to be produced. Your nurse will advise you when it is most beneficial to perform suctioning.

A small number of babies may need extra help with their breathing, your nurse will discuss this with you should the need arise.

Feeding

Babies breathe through their nose when fed; if secretions block their nose they will have difficulty breathing and therefore will not feed very well.

If you are bottle-feeding, watch to see if your baby is completing the bottle in the usual amount of time. It may be better to give smaller amounts more frequently so that your baby doesn't become tired. Your child's nurse will monitor their feeds and record how much is being taken to make sure they are getting enough fluids. The nurse will also monitor any vomiting.

If you are breast-feeding please continue, but check to see if your baby is struggling to feed

and taking longer than usual. Help can be given to express your milk.

The nurse will calculate the minimum your baby needs per feed and if they are unable to take this amount then it may be necessary to feed your baby/child via a nasogastric tube. A nasogastric tube is a small plastic tube, which is passed through their nose and into the stomach. This allows your baby to get the nutritional benefit of milk/expressed breast milk. Your nurse can teach you how to do the nasogastric tube feed if you wish and it is appropriate.

If your baby does not tolerate nasogastric feeds or continues to vomit then the doctors may consider putting a drip up. This will allow your child's tummy to rest until they are ready to try feeding again.

Length of stay

For most babies admitted to hospital with bronchiolitis it is a short stay until they are over the worst of the infection. However if your child/baby has received oxygen they may have to stay in hospital for a further 12-24 hours after the oxygen has been stopped.

Your baby must be taking at least 2/3rds of their usual feed volume by mouth before they can go home; you may build this amount back up to their normal feed as it is tolerated at home over the next few days.

Discharge from hospital

All babies who have needed nasogastric tube feeding or oxygen should have a community referral so the Children's Community Nurse. If your baby has not needed this, but you would like the Children's Community Nursing Team to contact you

following discharge for further advice and support please discuss this with nursing staff.

Your baby/child will not normally need to be seen as an outpatient.

Benefits

As described above there is no medicine or antibiotic that will kill the virus. However, by diagnosing your baby/child with bronchiolitis we may be able to treat other symptoms that your child may have, associated with the bronchiolitis.

Complications

Some babies have an added bacterial infection as well as bronchiolitis and may be treated with antibiotics, although this is not needed for most babies.

As a result of having bronchiolitis a number of children have re-current wheezy episodes and may continue to cough and be chesty for up to 6 months following discharge.

There is evidence to suggest that passive smoking (breathing in other people's cigarette smoke) can increase the risk of a baby/child getting bronchiolitis, as this can affect the lining of a baby/child's airways causing them to have less resistance to infections.

Alternative treatments

At present there is no alternative treatment available to babies/children who suffer from bronchiolitis.

Contact details

Rainforest Ward, Diana Princess of Wales Hospital, Grimsby

Tele: 01472 874111 extension 7520

Children's Services Community Nursing Team – Grimsby

Tele: 01472 874111 extension 7559

Disney Ward, Scunthorpe General Hospital, Scunthorpe

Tele: 01724 290139

Children's Services Community Nursing Team – Scunthorpe

Tele: 01724 282282 extension 2425

References

Guideline for the treatment of Bronchiolitis – Northern Lincolnshire & Goole NHS Foundation Trust February 2011

Concerns and Queries

If you have any concerns/queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

For Goole and District Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290172.

Alternatively you can email:

nlg-tr.PALS@nhs.net

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