Forest Lane Pediatrics of Dallas 7777 Forest Lane Suite B-300 Dallas, TX 75230 Phone 972-284-7770 On the campus Medical City Dallas Hospital



Forest Lane Pediatrics of Plano 6300 W. Parker Road Medical Offices 2, Suite 126 Plano, TX 75093 Phone 972-526-0700

On the campus of Texas Health Presbyterian Plano Hospital

Bronchiolitis in Children

What is bronchiolitis?

Bronchiolitis is medical term for a viral chest infection.

What is the cause?

Bronchiolitis can be caused by several different viruses. The best-known virus is Respiratory Syncytial Virus (RSV). The virus attacks the small airways of the lungs (bronchioles). As a result, these airways become swollen and fill with mucus. This leads to breathing difficulty in some babies and children.

When does it occur?

Bronchiolitis can occur year round but is most often seen in the winter

Who is at risk?

Infants and small children are most likely to contract the illness. The illness can be more severe in young infants under 6 months old, especially premature infants or infants with medical disabilities.

What are the symptoms?

The illness can have various presentations but most often starts off as a common cold then followed by a "wet" cough and sometimes breathing difficulty. Some babies may begin to "wheeze" which sounds like a high pitched whistling sound. Babies often will develop a fever with their illness in the first few days. Serious symptoms that require immediate medical attention include rapid or difficult breathing, lethargy, or poor liquid intake.

How long does it last?

Wheezing and trouble breathing usually develops within the first few days of illness and may last anywhere from a few days to 2 weeks. Children are thought to be most contagious the first week of the illness.

What are some complications?

- 1. Breathing difficulty is the number one issue with bronchiolitis. Most babies are successfully treated at home but some may need to be hospitalized to help monitor breathing and provide oxygen
- 2. Dehydration: Due to thick mucus that develops in the nose and lungs, many babies have decreased intake of liquids during the illness. Most babies can be coaxed to drink enough fluids at home, but some babies will require IV hydration in the hospital or emergency room
- 3. Ear infections and pneumonia are not uncommon with children with bronchiolitis. Though most babies will not need antibiotics, it is best to have your child examined at the onset of illness and if symptoms worsen in order to diagnose these conditions early
- 4. Asthma is by definition an airway disease caused by recurrent wheezing. About 30% of babies with bronchiolitis will go on to have some form of Asthma.

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How can I take care of my child?

- 1. Hydration: This is probably the most important thing you can do to help your child. We recommend continuing to nurse or formula feed your baby as much as possible. If they are not interested in either, we encourage families to offer Pedialyte instead. If your baby is taking less than half their normal volume or having less than 3 wet diapers a day, you should seek out medical attention quickly.
- 2. Nasal suctioning is highly recommended. All babies need to breathe through their nose often. If their nose becomes blocked, nursing or bottle-feeding will become difficult. Suction alone cannot remove dry secretions. We recommend saline nasal drops to loosening up mucus. Place three drops of saline in each nostril. After about one minute, use a soft rubber suction bulb to suck out the mucus. You can repeat this procedure several times until your child's breathing through the nose becomes quiet and easy.
- 3. Albuterol: You may have been prescribed albuterol through a nebulizer or inhaler to help treat the cough and wheezing. Albuterol is often used for asthmatics to control their breathing. Though Albuterol works for some children with bronchiolitis, it may not be helpful for your child. Please discuss medication options with your provider treatments for cough or wheezing.

Your provider should give a schedule of treatments if albuterol or other prescriptions are given.

- 4. Fever reducers: You can give your baby acetaminophen every 4 to 6 hours as needed for fever over 101 degrees F. You may also use ibuprofen every 6 to 8 hours for babies over 6 months
- 5. Cold medications: In general, cold medications will not help with bronchiolitis. Please discuss further with your provider
- 6. Humidity: Warm or cool humidifier may help to keep the air around the baby moist and help them to breath easier.
- 7. Smoking: Please don't smoke around the baby. Smoke has been shown to increase the severity of bronchiolitis

When should I call the office?

Call IMMEDIATELY if:

- * Fast (60 breaths or more per minute) or labored breathing
- * Baby is wheezing constantly.
- * Any fever over 100.4 F in infants under 2 months old
- * Unable to take down any liquids for more than 12 hours

Call during business hours if:

- * For babies over 2 months, any fever lasting more than 3 days. Fever is defined as temperature over 101 F for this age group
- * The cough is not improving within 2 weeks
- * You have other questions or concerns.