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## What is bronchiolitis?

Bronchiolitis is a sickness in babies and young children up to about 18 months of age.

- It affects the smallest airways (bronchioles) of the lungs and is caused by a virus.
- Antibiotics will not help bronchiolitis. Antibiotics kill bacteria, not viruses.
- Many viruses can cause bronchiolitis. RSV is the most common.
- A doctor can diagnose a child with bronchiolitis without doing testing for viruses. The type of virus causing it will not change the treatment.

The sickness can last up to 1 month. Breathing problems most often last 2 to 7 days, but your child may have a cough for several weeks to 1 month. After having this sickness, your child may wheeze with colds.

## What are the possible symptoms?

Some possible symptoms include:

- Cold-like symptoms like runny or congested nose, sneezing and cough
- Wheezing
- Fast breathing
- Fever (temperature of 100.4°F or higher)
- Trouble feeding

## What is the treatment?

Mild cases can be treated at home. Sometimes your child may need to stay in the hospital. The doctor will talk with you about specific care for your child. Some guidelines to follow are included in this teaching sheet.

## During an emergency department (ED) visit or hospital stay:

- The care team will place your child in "isolation." This means they will take extra measures to keep germs from spreading to others. They may wear masks, gowns and gloves.
- Wash your hands with soap and water for at least 20 seconds or use an alcohol-based gel or foam to help prevent spreading germs. Always cover your cough or sneeze.
- The care team will check your child's temperature, heart rate and breathing often. Checking their breathing helps the team decide whether your child needs:
  - Suctioning. The care team may use suction devices to keep your child's nose clear of mucus. You will learn to use the bulb suction and help care for your child.
  - Oxygen. They may use a machine called a pulse oximeter or "pulse ox" to measure your child's oxygen level.

**In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.**

# Bronchiolitis, continued

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- Your child may need intravenous (I.V.) fluids or a feeding tube to get fluids and nutrition until they feel better.
- Most often, your child will not need these tests and treatments:
  - Nose swab testing for viruses
  - Chest X-ray
  - Breathing treatments. They often do not improve symptoms.
- The care team will teach you how to care for your child at home.

## You can plan to go home when:

- Your child is breathing easily and does not need oxygen.
- Your child is drinking well.
- You can give any medicines, if still needed, at home.
- You and other caregivers can use a bulb suction to keep your child's nose and mouth clear.

## For your child's care at home:

- Make sure your child gets plenty of rest. Most children do not feel well enough to be very active.
- Give your child plenty to drink.
  - Give small amounts of liquids often.
  - Try giving thinner liquids like Pedialyte if your child has trouble swallowing thicker formulas.
  - You will know if your child is drinking enough if they are making a wet diaper at least every 6 to 8 hours.
- Suction the nose or mouth with a bulb syringe:
  - Before feeding them. This helps keep your child from coughing and gagging during the feeding.
  - As needed.
- Use salt water (saline) drops before you suction the nose if needed.
- Avoid cigarette smoke and smells around your child.
- To help your child breathe easier, keep them upright at about a 30 degree angle. This is about 6 inches above the level of their chest.
  - This may mean raising the head of the mattress of the crib.
  - **DO NOT** use blankets, wedges or other soft items to raise your child's head. This could cause them to suffocate.

## For your child's medicines at home:

- Give acetaminophen (Tylenol or less costly store brand) or ibuprofen (Motrin, Advil or less costly store brand) for fever, aches and pain. Follow the directions on the box carefully, or ask your child's doctor how much medicine to give.

### **DO NOT:**

- Give your child more than 5 doses of acetaminophen or 4 doses of ibuprofen in 24 hours.

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# Bronchiolitis, continued

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- Give acetaminophen to babies younger than 3 months of age without a doctor's advice.
- Give ibuprofen to babies younger than 6 months of age without a doctor's advice.
- Give acetaminophen and ibuprofen at the same time.
- **NEVER** give aspirin for viruses.
- **Give cough and cold medicines only as advised by your child's doctor.** This includes both prescription and over-the-counter medicines.
  - For children younger than 6 years of age – cough and cold medicines do not work. They also can cause serious side effects.
  - Do not give a child younger than 6 years old any medicine that is made for children over the age of 6.
  - Many brands of cough and cold medicines have the same kinds of ingredients or ingredients that are not needed. Using more than 1 brand or mixing brands can cause a serious overdose and harm your child.
  - Do not use a combination cold medicine that has acetaminophen or ibuprofen in it.
- Your child may only need breathing treatments if they have asthma. Most often, they do not help with wheezing caused by bronchiolitis unless there is a history of asthma.

## How can I help prevent spreading germs?

Hand hygiene is the most important thing you can do to help prevent the spread of germs. Teach your children to do these things, too.

- Wash your hands well with soap and water for at least 20 seconds. Rinse and dry them well.
- You may use an alcohol-based gel or foam if you do not see dirt or grime on your hands.
- Always cover your cough or sneeze.

## When can my child return to childcare?

Your child may return to childcare as soon as your doctor says it is OK. This is most often about 24 hours after the fever is gone without the need for medicines to keep it down.

## When should I call the doctor?

Call the doctor **right away** if your child:

- Does not smile or show interest in play for at least a few minutes during a 4-hour period.
- Wheezes or breathes harder than when the doctor saw them last.
- Is not able to breathe and suck at the same time or chokes often when they try to feed.
- Has any fever and is younger than 3 months old, or has a fever lasting more than 3 days in older babies.

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# Bronchiolitis, continued

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- Cannot be calmed for at least a few minutes each hour using methods that most often work, such as holding, rocking, using a pacifier or soothing talk.

Also call the doctor if you:

- See signs of dehydration:
  - No urine in 6 hours in a baby younger than 1 year of age
  - No urine in more than 8 hours in a baby or child older than 1 year of age
  - No tears when crying
  - Sunken eyes
  - Dry lips and mouth
- Have any questions or concerns about how your child looks or feels.

## When should I call 911?

Call 911 **right away** if your child:

- Is so weak and tired that they hardly respond to you.
- Is working **very** hard to breathe or finds it hard to take a breath.
- Grunts when they breathe.
- Has chest retractions (skin pulling in around the ribs and chest when breathing).
- Has a blue or dark purple color to the nails, lips or gums.
- Stops breathing for more than 10 seconds.
- Cannot talk while trying to breathe.
- Has any breathing problem that needs care **right away**.

**This teaching sheet contains general information only. Talk with your child's doctor or a member of your child's healthcare team about specific care of your child.**

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