

Children's services

Bronchiolitis

Information for patients, relatives and carers

Introduction

This leaflet provides more information about bronchiolitis. Please ask a member of staff if you have any questions.

What is bronchiolitis?

Bronchiolitis is a chest condition caused by a viral infection. It occurs in young children in the first year of life and usually happens in winter. The virus attacks the small breathing tubes (bronchioles) of the lungs, causing them to become blocked. Generally, young children first develop the symptoms of a cold, such as a runny nose, cough and mild fever. Over the next day or so, the coughing worsens and breathing becomes noisy and wheezy. Young children with bronchiolitis may appear breathless with a fast breathing rate, and can have difficulty with feeding and sleeping. The wheezing usually lasts for two to three days. As the wheezing settles, the child gradually improves. However, the cough may last up to a month.

Is bronchiolitis the same as asthma?

Although wheezing is seen in both bronchiolitis and asthma, they are different illnesses and are treated in different ways. However, some children who get bronchiolitis can develop asthma later on.

Who gets bronchiolitis?

Bronchiolitis can affect any child under one year old but is most common in babies between three and six months of age. It is thought as many as one in three young children will get bronchiolitis at some point.

In the majority of cases the illness is mild and self-limiting (meaning your child will simply get better on their own). Only about two in ten cases need to be admitted to hospital.

Children who were born prematurely or who already have heart or lung problems are at risk of having a more severe illness with bronchiolitis. These children need more specialist care and your doctor will discuss this with you.

How is bronchiolitis treated?

Bronchiolitis is a viral infection, so antibiotics will not help. There is no medicine that can kill the virus. Occasionally, inhaled medicines are used (similar to those used in asthma), but the main treatment, both at home and in hospital, is supportive care. This means making sure your child gets enough fluids, helping their breathing if they are having difficulty and controlling their temperature if they have a fever.

Making sure your child is getting enough fluid

Infants with bronchiolitis often do not feed as well as usual. This is because they feel ill and find it hard to breathe while sucking. If feeding is difficult, try offering smaller feeds more often. A way to tell whether your child is getting enough fluid is to check their nappies. If there are fewer wet nappies than usual, it probably means that your child is not getting enough fluid. If they are refusing to feed or finding it hard to breathe during feeds, you should consult a doctor. In the hospital, feeding can be supported by giving fluids down a small plastic tube which is placed in the stomach via the nose (a nasogastric tube). Alternatively a 'drip' can be used to provide your child with extra fluid.

Checking your child's breathing

Signs that your child is having difficulty breathing include:

- fast breathing
- flaring of the nostrils
- in-drawing of the muscles between the ribs (known as recession)
- a grunting noise when breathing out
- episodes of stopping breathing for more than ten seconds
- refusing to feed

If you notice any of these signs and are concerned about your child's breathing please speak to a doctor. In hospital, they may need oxygen and help with feeding. However, most children with bronchiolitis can be treated at home and will get better on their own.

Controlling fever

You can give your child paracetamol (such as Calpol[®]) to control their temperature if they have a fever.

Can bronchiolitis be prevented?

The viruses that cause bronchiolitis are also responsible for causing many coughs and colds in adults and children. These viruses are spread from person to person in tiny water droplets which are coughed and sneezed into the atmosphere. It is very difficult to stop your child getting bronchiolitis and keeping your child away from other children or adults with colds is often not practical.

Children exposed to cigarette smoke at home tend to get a more severe form of bronchiolitis.

How long does bronchiolitis last?

Bronchiolitis follows a typical timeline, and your child may get worse before they get better: On days 1, 2 and 3 children suffer from a blocked, snotty nose and cough. The following days, breathing may become more difficult with problems feeding and sometimes apneas (short breath-holding episodes). Generally, from days 6 and 7, children will start improving.

Can you have bronchiolitis more than once?

It is possible to have bronchiolitis again, but most babies will only have it once. Wheezing and coughing can occur with the next few colds after having bronchiolitis, but are usually mild. If the wheeze or cough keeps happening, speak to your doctor.

Key points to remember

- bronchiolitis gets better in a week to ten days (although the cough may last longer)
- bronchiolitis is a viral infection, so antibiotics will not help
- your child may need to take smaller feeds more often
- speak to your doctor if your child has difficulty with breathing or feeding

Further information

NHS Choices: www.nhs.uk/conditions/bronchiolitis

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at **imperial.pals@nhs.net** The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain via our complaints department:

Complaints department
Fourth floor
Salton House
St Mary's Hospital
Praed Street
London W2 1NY

Email: **ICHC-tr.Complaints@nhs.net**

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:
imperial.patient.information@nhs.net

Wi-fi

We have a free wi-fi service for basic filtered browsing and a premium wi-fi service (requiring payment) at each of our five hospitals. Look for WiFiSPARK_FREE or WiFiSPARK_PREMIUM