

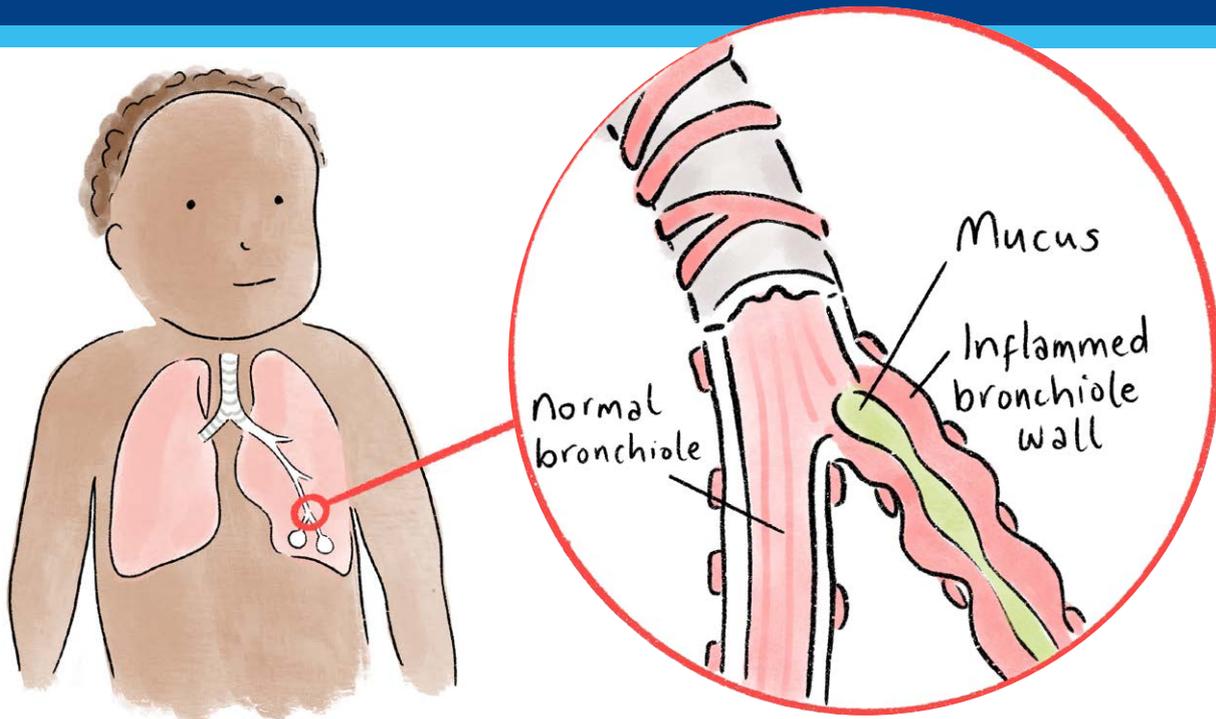
# Bronchiolitis

## Information for parents and carers

### Key facts

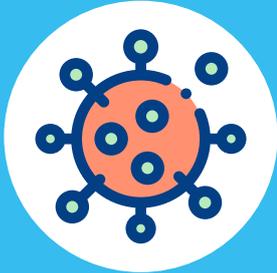
Bronchiolitis is an infection of the small airways of the lungs known as bronchioles

- Usually affects babies
- Usually caused by respiratory syncytial virus
- Most get better within about two weeks
- The cough can persist for up to 6 weeks



Infected areas become swollen and full of mucus making it difficult to breathe

# What is Respiratory Syncytial Virus?



Respiratory syncytial virus, known as RSV, is the most common cause of bronchiolitis



Almost all children will have had an infection caused by RSV by the time they are **two** years old



It is most common in the **winter** months



Usually only causes **mild** 'cold-like' symptoms



Some children, especially very young ones, can have **more severe** symptoms and may need treatment in hospital

# Tips to prevent RSV

Since there is no treatment specific for RSV disease, prevention is critical. All parents should:



Avoid close contact with unwell people



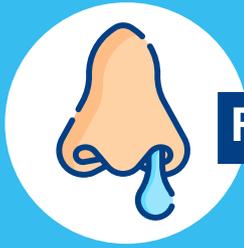
Keep your baby's toys, clothes and bedding clean



Wash your hands



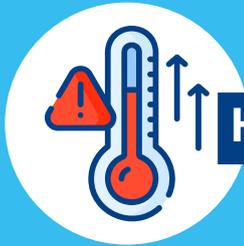
# Symptoms of Bronchiolitis



**Runny nose**



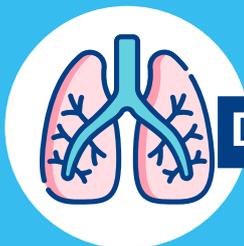
**Coughing**



**High temperature**



**Wheezing**



**Difficulty breathing**



**Difficulty feeding**



# Caring for your child at home

If your child does not have any red or amber symptoms in the traffic light advice then you can care for your child at home.

If your child is already taking medicines or inhalers, you should carry on using these.

Bronchiolitis is caused by a virus, antibiotics will not help.

## Pain or distress

If your child is in pain or distressed you can give them liquid paracetamol. If your child is over 6 months, you may also give ibuprofen.

At home, we do not recommend giving paracetamol and ibuprofen at the same time. If your child has not improved after two to three hours you may want to give them the other medicine. Never exceed the dose on the packaging.



## Hydration

If your child is not feeding as normal, offer smaller feeds more frequently. If your child is breastfed, continue to feed on demand.

**Make sure your child is never exposed to tobacco smoke. Passive smoking can seriously damage children's health. It can make breathing problems like bronchiolitis worse.**

Remember, smoke remains on your clothes when you smoke anywhere, including outside.



# What to keep in your medicine cabinet

Keep the following items in your medicine cabinet ready for when you need them;

- Liquid Paracetamol (e.g. Calpol)
- Liquid Ibuprofen – please note that if your child has been diagnosed with Asthma, Ibuprofen is not recommended unless discussed with your doctor first.

Never exceed the maximum dose for paracetamol and ibuprofen in any 24-hour period. Keep a diary of when you give each dose so that you do not give your child too much.

Please check the use-by dates and keep out of reach of children. These medicines are all available over the counter from a pharmacist. The pharmacy or supermarket own brands are cheaper and work just as well, if you are unsure, ask your pharmacist.



Children can change quickly and if at any time your child displays any of the 'Red' features in the box below you should seek EMERGENCY HELP.



## RED

If your child

- has blue lips
- or is unresponsive or very irritable
- is struggling to breathe
  - pulling in of the chest or neck muscles
  - using tummy muscles
- or has unusually long pauses in breathing
- or has an irregular breathing pattern
- or is unable to swallow or is drooling
- is too breathless to feed or speak
- is unable to take fluids
- is pale, drowsy, weak or quiet

**YOU NEED EMERGENCY HELP  
CALL 999**

**You need to be seen at the  
hospital Emergency Department**



## AMBER

If your child has any one  
of these features

- Appears to be getting worse or you are worried
- Restless or irritable
- Increased difficulty in breathing such as
  - Rapid breathing
  - Taking more effort to breathe
  - Flaring of nostrils
- Becoming unusually pale
- Temperature of 39°C despite paracetamol and/or ibuprofen
- Reduced fluid intake by half usual amount
- Passed urine less than twice in 12 hours
- Vomiting

**SEEK MEDICAL ADVICE TODAY**

Please call your GP surgery,  
or, if it is closed call NHS 111

Your GP may want to speak to  
you on the phone first to give  
you medical advice. They will  
arrange to see your child if  
it is appropriate.



## GREEN

If none of the features in the red  
or amber boxes above are present  
See 'Important things to consider' box

**SELF-CARE**

Using the advice on this leaflet you  
can care for your child at home.

The most important advice is to  
keep your child well hydrated.

If you feel you need more  
advice, please contact your local  
pharmacy, Health Visitor or GP  
surgery.

You can also call NHS 111 for advice.

## Important factors to consider

There are important factors to consider that may affect your child's ability to cope with bronchiolitis. These are if your child:

- was a premature baby
- is less than 12 weeks old
- has a lung problem
- has a heart problem
- has a problem with their immune system
- or any other pre-existing medical condition that may affect their ability to cope with illness

We recommend that in these circumstances you seek medical advice

# How long does bronchiolitis last?

Most children with bronchiolitis will seem to worsen during the first 1 to 3 days of illness before beginning to improve over the next few weeks.

The cough may go on for a few weeks or more; this is usually longer than most common coughs and colds.

Your child can go back to nursery as soon as they are well enough (feeding normally and with no breathing difficulties).

There is usually no need to see your doctor if your child is recovering well. If you are worried about your child's progress, seek medical advice.



## Key points to remember

- Most babies and children get better within about two weeks.
- The cough can persist for up to 6 weeks
- Bronchiolitis is caused by a virus, 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