

Patient Information Leaflet

## Bronchiolitis and Respiratory Syncytial Virus

Produced by Children's Ward

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## **What is bronchiolitis?**

Bronchiolitis is a common respiratory viral infection that affects babies and young children. It most commonly affects babies aged 3-6 months. It occurs when the tiniest air passages in the lungs, called bronchioles, become infected. This causes them to become swollen and inflamed, leading to a build up of mucus. This makes it harder for the child to breathe as the amount of air entering the lungs is reduced.

## **What is R.S.V?**

RSV stands for Respiratory Syncytial Virus. It is a virus that usually causes bronchiolitis, though other viruses are sometimes the cause. RSV is a common cause of colds. Almost all children will have an infection caused by RSV by the time they are two. RSV is the cause of 75% of cases of bronchiolitis.

## **How did my child catch it?**

RSV is an airborne virus, which is easily passed on (contagious). It is caught in the same way as other respiratory illnesses through direct contact, especially hands, and through airborne droplets spread by coughing and sneezing.

## **What are the symptoms?**

Bronchiolitis in the UK usually occurs in the winter months (November to March). The early symptoms of bronchiolitis are similar to those of a common cold. They include:

- A blocked or runny nose
- Mild fever, and
- A loss of interest in feeding

After two or three days the symptoms tend to peak, and may become more severe. Your baby may develop:

- Rapid or shallow breathing. The breathing may become noisy, and/or wheezy, and your child may need to make more effort to breathe.
- A rasping and persistent dry cough, and
- a faster than normal heart rate.
- Babies may have difficulty feeding and taking drinks. This is because the baby is ill, and tires easily and may struggle to breathe at the same time.

The severity of the illness can vary from mild (being a bit worse than a heavy cold) to severe with breathing difficulties. If your baby's bronchiolitis is not severe, the infection usually lasts about a week before clearing up on its own, although up to half of sufferers may have a recurrent cough or wheeze which may persist for several weeks after the other symptoms have gone.

## **What is the treatment for bronchiolitis?**

Antibiotics do not kill viruses and are not usually prescribed. Bronchiolitis will get better as the immune system clears up the virus.

The aims of treatment include the following:

- To make sure your baby does not dehydrate (become low in body fluids). This may occur if the baby does not drink well.
- To help with breathing if this becomes difficult.
- To be alert for possible complications.

### **Home treatment**

Symptoms do not become severe in most cases. A doctor will check that your baby is not showing any signs of dehydration and is able to breathe reasonably well. It is usually a good sign if your baby is drinking and feeding well. If the doctor says your child's symptoms are mild, you can treat them at home. Outlined below are some treatments that will ease your child's symptoms and make them comfortable:

- **Drink plenty of fluids** - make sure that your child drinks plenty of water, or fruit juice, in order to avoid dehydration. They may drink more slowly than usual because they are congested, so try giving them smaller feeds more frequently.
- **Paracetamol syrup** - this is available over-the-counter from pharmacies without prescription, and it can ease a fever, sore throat and pain, which will help your child to feed and sleep normally. Children under 16 years of age should not be given aspirin.
- **Saline nasal drops** - are also available from pharmacies and can help to ease your child's congestion.

Consult a doctor if your child appears to get worse. In particular:

- **If your child does not feed well or drink well.**
- **If the number of breaths each minute increases.**
- **If your child is struggling to breathe.**
- **If your child loses a good colour and becomes pale.**
- **If your child seems very tired or irritable.**

**Dial 999 for an ambulance if:**

- **Your baby is having a lot of difficulty breathing and is pale and sweaty**
- **Your baby's tongue and lips are turning blue, or**
- **There are long pauses in your baby's breathing.**

### **Hospital treatment**

On average, 2 in 10 babies with bronchiolitis are admitted to hospital. This is usually just a precaution because they need help to breathe and/or are not drinking and feeding enough. However, premature babies, and those with an underlying health problem, such as a lung condition or weakened immune system, are also likely to need treatment in hospital.

## **What will happen if I have to take my baby to hospital?**

- If your child is admitted to hospital, they will probably be examined by a nurse and doctor. The nurse will check your child's breathing using a special machine called a pulse oxymeter. This is a light-probe which will probably be wrapped around your baby's finger or toe. It measures the oxygen in your baby's blood, and helps the doctors/nurses to assess your baby's breathing.
- To confirm the cause of the bronchiolitis, some mucus from your child's nose may be tested for RSV.
- If your child requires oxygen to help to maintain the oxygen levels in their blood, it will be given through either a clear plastic head box or through fine tubes inserted into their nose or, occasionally, a machine is used to help their breathing.
- Feeding may be difficult for your child due to wheeziness - he or she may need some help with that. A tube may be passed through your child's nose down into their stomach. Your child can be fed through this tube without making them tired.
- Some children may need to be given fluids intravenously (directly into the vein) to avoid dehydration.
- You are able to stay with your child while he or she is in hospital.
- Few children become seriously ill and need to go into intensive care (in a different hospital) for specialist help with their breathing.
- Your child will probably only need to stay in hospital for a few days. You will be able to take your child home when he or she is able to feed and doesn't need oxygen any more.
- To help stop the spread of the virus infection your child will be nursed in a single room, and there will be restricted visiting.
- You should take care to wash your hands with soap and water or alcohol gel before or after caring for your child or when leaving the room. **HAND WASHING IS THE MOST IMPORTANT MEANS OF PREVENTING THE SPREAD OF INFECTION FROM PERSON TO PERSON.**

## **Is it contagious to the rest of the family?**

Yes it is contagious. If adults or older children catch it, it is likely to show as a heavy cold but will not cause as many problems as it does for a baby.

## **How long is my child contagious?**

People could catch RSV from your child for as long as symptoms of a cold remain. For this reason, throughout their stay in hospital children with this infection will continue to be nursed in a single room.

## **After leaving hospital**

Your baby may go back to nursery or daycare as soon as he or she is well enough (that is feeding normally and with no difficulty breathing).

Unless you are given an outpatient appointment on discharge, there is usually no need to see your doctor if your baby is recovering well. If you are worried about your baby's progress, discuss this with your doctor or health visitor.

## **Will bronchiolitis lead to chest problems later in life?**

Some babies who have had bronchiolitis remain mildly wheezy at times for several weeks after the illness, but very few develop asthma; (they might well have gone on to develop it anyway).

## **Keep a smoke free environment**

Cigarette smoke can aggravate your child's symptoms, so if you smoke, do not do so around your child. Passive smoking can affect the lining of your child's airways, making them less resistant to infection, so keeping smoke away from your child may even help to prevent future bouts of bronchiolitis.

If you are a smoker a nurse will ask you if you would like to stop. If you do you will be offered appropriate support and a referral will be made to the island Stop Smoking service.

If you decided to stop smoking at a later stage you can get advice by phoning:

The Island Quitters NHS Stop Smoking on 01983 814280

For online help and support and the chance to 'Ask an Expert' visit [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk)  
Or phone the NHS Smoking Helpline between 7am-11pm every day on  
0800 169 0 169

You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call the NHS 111 service on: 111

### **We Value Your Views On Our Service**

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive  
Isle Of Wight NHS Trust  
St Mary's Hospital  
Newport  
Isle of Wight  
PO30 5TG

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

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