



Southeast Georgia PEDIATRICS

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Bronchiolitis



General Information

Bronchiolitis is an illness of young infants affecting the entire respiratory tract, but primarily the smallest air passages in the lung (the bronchioles). It is caused by several different viruses which also cause colds and flulike illnesses. Respiratory syncytial virus, often called RSV, is the most frequent cause and parainfluenza viruses the second most common.

Young children catch these viruses through close contact with others who are infected. Often these are older children and other family members with mild illness or only a cold. The virus is spread when infected mucous is sneezed or coughed into another child's face or onto table tops or objects such as toys. Infection occurs when the child touches these surfaces and then his/her eyes or nose. Illness begins about 3 to 7 days later.



The Illness

Bronchiolitis usually starts as a cold, accompanied by fever and nasal stuffiness. After 2 to 4 days the virus spreads down to the bronchioles, causing irritation and narrowing of these air passages. This causes the child to cough and produce a whistling sound (wheeze) when breathing out. Some children appear to be having an asthma attack as their breathing becomes more rapid and labored and the cough more juicy or hoarse ("croupy"). Fever may still be present but has often disappeared by this time. Most children have a poor appetite and infants may have difficulty sucking, especially for prolonged periods. Restless sleep with frequent awakening is common.

Wheezing usually gets better after 3 to 5 days; however, nasal stuffiness may last longer and cough may persist for another 1 or 2 weeks.



When To Call Your Doctor

You should call our office if you feel frightened or worried about your child's illness.

Call our office right away if your child has: increasing difficulty breathing; severe sucking in of the spaces between the ribs with each breath; very fast breathing (over 60/minute); a bluish tinge around the lips; difficulty staying awake.

Call us during regular office hours (or on weekends) if your child: refuses to drink; has fever over 102°F (38.9°C); complains of an earache or, in an infant, pulls at the ears or becomes increasingly cranky.



Treatment

Most infants with bronchiolitis do not need specific medications but rather require patience and care to make breathing and drinking less difficult. Using a vaporizer or humidifier in the room where the child sleeps will help keep nasal secretions moist and the nasal passages clear. Cold water vaporizers are preferable; those using hot water can cause burns if pulled over by an inquisitive infant or toddler.

The nose may be suctioned every few hours with a rubber bulb (called an ear syringe), especially prior to feeding and sleeping. Saltwater nose drops (¼ teaspoon table salt in 1 cup of water) placed in the nasal passages before suctioning will help liquify and clear the secretions. Elevating the head of the bed or crib during sleep may also improve the clogging of the nasal passages.

If your child appears to have difficulty feeding or sucking, offer smaller feedings more frequently. It is more important to drink liquids, such as juice or soft drinks, than to eat solid food during the early part of the illness.

Acetaminophen (e.g. Tylenol®, Tempra®, Panadol®, Liquiprin®) can be used for fever over 101°F (38.3°C). Aspirin should not be given to children with viral infections.

In some cases your doctor may prescribe treatment for coughing or wheezing. Do not give your child any medicines for colds or asthma without first checking with your doctor; they could be harmful.

Because bronchiolitis is caused by viruses, antibiotics are of no use. Your child may, however, need antibiotics if s/he has an associated bacterial infection such as an ear infection.

You generally do not need to restrict your child's activity. Most children will adjust their activity according to how they feel.



Contagion

Children with bronchiolitis are most apt to spread the virus to others during the first days of their illness when they have fever and coldlike symptoms, especially sneezing and coughing. Mucous secretions from the nose and mouth can, however, be contagious for a week or more.

Little can be done to prevent young children from spreading or acquiring viral respiratory infections. Disposing of dirty facial tissues promptly and properly, along with good handwashing, can help prevent spread of infection among family members.



Return to Group Activities

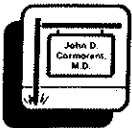
Infants and young children can return to day care or other group activities when they have no fever, feed normally and feel well. A lingering cough or runny nose is no reason to keep them at home.



Common Concerns

Coughing helps your child clear the airways and should not be suppressed with strong cough medicines. Overly vigorous use of decongestants for treatment of nasal stuffiness should also be avoided. These drugs may make the secretions thick and can have unwanted side effects in young children.

A small object inhaled into the lungs can occasionally cause wheezing which sounds just like bronchiolitis. If difficulty breathing occurred suddenly or if your child was playing with a small object right before the illness began, let your doctor know.



Recheck Appointment

Make an appointment to be seen in _____ days.

Not necessary _____

Other _____



Further Advice from Your Doctor

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