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# ***Bronchiolitis***

***Information for  
parents and carers***



**Royal Aberdeen Children's Hospital**



You have been told that your child has bronchiolitis. We hope this leaflet will help explain about bronchiolitis and how it affects your child.

### ***What is bronchiolitis?***

It is an infection usually caused by a virus. Several different viruses can cause it. The commonest is RSV (Respiratory Syncytial Virus). Bronchiolitis affects the small airways in the lungs. The airways become swollen and narrowed, more mucus is produced and your child starts to wheeze.

Bronchiolitis affects infants younger than 6 months but can occur up to 2 years of age. It's a very common infection every winter. Only about 1 in 10 children who get bronchiolitis need to come into hospital. Because it's usually caused by a virus, antibiotics do not help.

The viruses that cause bronchiolitis are passed on by coughs and sneezes, and by touch. Bronchiolitis can occur more than once but it's usually milder after the first attack.

## ***How is my child affected?***

Bronchiolitis starts like a cold with:

- runny nose
- irritability.

As the infection progresses there may be:

- difficulty in breathing
- cough with wheeze.

The main reason that a baby or child needs to come to hospital is poor feeding due to:

- vomiting
- blocked nose
- tiredness.

## ***How is bronchiolitis diagnosed?***

The diagnosis of bronchiolitis is made from the signs and symptoms your child displays. We take a sample of mucus from your child's nose and send it to the laboratory to check for the common viruses that cause bronchiolitis.

## ***What treatment is required?***

While most children have reached the peak of their symptoms by the time they are admitted, some get worse before getting better. To support your child through the acute stage they may need one or all of the following:

- Isolation in a cubicle to prevent the spread of infection.
- Rest and comfort.
- Nasal suction – to clear the blocked nose of mucus and to encourage effective coughing. We pass a fine tube to the back of their nose and the mucus is sucked out. We carry out suction whenever needed to help your child clear mucus. For babies, we may also carry out suction before feeds.
- Adequate fluid intake. Fluids help to keep mucus loose and help your child to fight the infection. We'll offer your child small, frequent amounts of fluid, or feeds, if a baby. If your child can't take fluids or feeds, we can either pass a tube up your child's nose and into their stomach to give them feeds that way, or fluids can be given through a vein – a "drip".

- Paracetamol to reduce fever.
- Oxygen therapy to maintain oxygen levels in the blood. Oxygen is usually given by a facemask or nasal prongs.

**Not all children need all these treatments.** Your child will stay in hospital until they are feeding well without the support mentioned. This can take from a few days up to about 10 days.


### ***Going home***

It's normal for your child to still have a runny nose, wheezing and the occasional vomit due to coughing bouts. These symptoms in their milder form can last for some time, even weeks, as the virus continues to run its course. This should not cause undue concern unless more extreme symptoms occur.

### ***Contact telephone number***

If you have any questions about your child's stay in hospital please contact:

#### **Medical Ward**

** 01224 550380 or 550116**

or

#### **Paediatric Assessment Unit**

** 01224 550309**

**This leaflet is also available in large print. Other formats can be supplied on request. Please call Quality Development on 01224 554149 for a copy. Ask for leaflet 0303.**

Feedback from the public helped us to develop this leaflet. If you have any comments on how we can improve it, please call 01224 554149 to let us know.

Paediatric Assessment Unit &  
Medical Ward  
Royal Aberdeen Children's Hospital  
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