

Bronchiolitis in children

Emergency Department factsheets



What is bronchiolitis?

Bronchiolitis is a common infection involving the small airways (breathing tubes) affecting children under the age of 2 years. More than 80% of cases occur in the first year of life, with a peak at 2 - 10 months of age. It more commonly occurs in winter. While most cases are mild, bronchiolitis can become serious in very young babies.

What causes bronchiolitis?

Bronchiolitis is caused by a virus. The most common virus is Respiratory Syncytial Virus (RSV). The virus attacks the small breathing tubes (bronchioles) of the lungs, which become blocked with sticky fluid (mucous).

What are the symptoms?

Bronchiolitis starts as a cold (with a runny nose, red eyes, sore throat and a fever). Then after a day or so, your baby may also develop:

- a cough
- wheezing (a high pitched noise or whistle when they breathe out)
- difficulty breathing
- difficulty feeding or sleeping.

Treatment

Bronchiolitis is often a mild illness that is best treated at home. However, a child with severe bronchiolitis may need to be observed in hospital. Treatment may include oxygen and sometimes special feeding. Premature babies and those with existing heart and lung problems are at greater risk of becoming ill with this infection. As Bronchiolitis is a viral illness, antibiotics do not help.

Home care

Most babies can be cared for at home if the illness is mild. Be guided by your doctor but there are some simple measures that may help recovery.

- Allow your baby to get plenty of rest. Your baby may not feed as well as normal. They may become tired while feeding, so offer smaller amounts of formula or water more often, or give more frequent but shorter breast feeds. This helps your baby to breathe better.
- If your baby has a fever and is miserable, you can give paracetamol (such as Panadol or Dymadon). Carefully check the label for the correct dose and give as instructed. Make sure you are not giving your child any other products containing paracetamol (such as some cough medicines and cold and flu preparations).
- Bronchiolitis can be passed on to other young children. Keep your child home from childcare and other places where there are young children.
- Do not smoke around your baby.

What to expect

Babies with bronchiolitis are usually sickest on the second or third day of the illness. The wheezing usually lasts two to five days. Your baby will slowly improve over a week to ten days. The cough can last up to a month. Bronchiolitis usually happens only once, although some babies can have it again. There is no vaccine to prevent this illness.

Bronchiolitis and asthma

The symptoms of bronchiolitis and asthma are similar, but the two illnesses are quite different. Asthma treatments (such as Ventolin and prednisolone) are generally not useful in bronchiolitis. Most doctors do not diagnose

asthma until a child is at least 12 months old, when the muscles around the airways have matured. Some babies who have bronchiolitis may go on to develop asthma. Doctors do not know whether bronchiolitis has any role in causing asthma or whether children who develop asthma are simply more likely to get bronchiolitis as babies. Asthma in children is usually mild and easily treated.

Seeking help

In a medical emergency, go to the nearest hospital emergency department or call an ambulance (dial 000).

Seek immediate care if your child:

- breathing very hard or fast
- pale and/or lethargic or changing colour in the face with feeding or coughing
- not wanting to breast or bottle feed
- is less than 3 months of age
- not producing urine or has no wet nappies.

For other medical problems see your local doctor or health-care professional.

13 HEALTH (13 43 25 84) provides health information, referral and teletriage services to the public in all parts of Queensland and is available 24 hours a day, 7 days a week, 365 days a year for the cost of a local call*.

*Calls from mobile phones may be charged at a higher rate. Please check with your telephone service provider

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