

Children's Hospital of Pittsburgh

Guidelines for Clinical Effectiveness

Bronchiolitis Information Sheet for Parents

Bronchiolitis is a respiratory infection that may be caused by one of four different viruses that are common in the winter. It is caused most often by a virus known as **Respiratory Syncytial Virus** or RSV for short. The infection causes swelling and narrowing of the air tubes inside the lungs. The illness begins like a usual cold. The baby gets a runny or a stuffed nose and a mild cough. His/her nose may get so stuffed up that he/she can not drink a bottle or breast feed very well. The cough may become worse and the baby may be working hard to breathe. You can tell this when the baby's head and chest move a lot while they are breathing. You may hear noisy breathing or wheezing from the baby's chest. This illness can get severe in the first week and your baby may have to be admitted to the hospital. He/she will usually get better in the hospital after three or four days, but the illness will not be completely gone for two or even three weeks.

The baby will not have to be admitted to the hospital if he/she is able to drink most of what they usually drink in a day and if he/she doesn't need extra oxygen. On the other hand, if he/she needs oxygen or if he/she is not drinking enough and getting dehydrated (dry), the baby will need to be admitted to the hospital.

In the hospital, the main treatment for the baby is extra fluid and extra oxygen. There are not very many babies who respond to particular medicines. Antibiotics are not helpful unless your baby has a complicating bacterial infection in his/her ears and they are not usually given for bronchiolitis.

The baby is ready to go home when he/she is drinking almost as much as he/she usually does at home and when he/she does not need oxygen anymore.

You can help your baby by doing the following when you leave the hospital (either the Emergency Department or the inpatient floors):

- Do not let anyone smoke near your baby.
- Clean out his/her nose with a bulb syringe before they feed or when he/she is going to sleep. To do this:
 - Wash your hands before and after handling the baby.
 - Put a few drops of salt water nose drops in each nostril to loosen and soften the mucus.
 - Press one of your baby's nostrils closed.
 - Squeeze the bulb syringe before you bring it to the nostril that is open.
 - Release (let go of) the syringe and then remove it from the nostril.
 - Repeat the procedure on the other nostril.
- Make and keep the appointment for a follow-up visit with your primary care doctor.

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This clinical guideline is a collaborative care plan and is not intended to be construed or to serve as a standard of medical care. Rather, it is intended to serve as a guideline and promote coordination and communication with respect to patient care and may be modified to meet individual care needs. For additional information please contact the Department of Clinical Effectiveness & Quality at 412/692-7570. © Children's Hospital of Pittsburgh, 2002.