



BRONCHIOLITIS

(Adapted from Barton D. Schmitt, MD Instructions For Pediatric Patients 16th ed. 2018)

BRONCHIOLITIS IS THE NARROWING OF THE SMALLEST AIRWAYS IN THE LUNGS (BRONCHIOLES) AND EXCESSIVE MUCOUS PRODUCTION. THIS NARROWING RESULTS FROM INFLAMMATION (SWELLING) CAUSED BY ANY NUMBER OF VIRUSES, USUALLY THE RESPIRATORY SYNCYTIAL VIRUS (RSV). WITH RSV INFECTIONS, INFANTS YOUNGER THAN 2 YEARS OF AGE OFTEN DEVELOP BRONCHIOLITIS, CHILDREN GREATER THAN 2 YEARS OLD AND ADULTS DEVELOP COLD SYMPTOMS.

- * Primary symptoms of Bronchiolitis include wheezing (high-pitched whistling sound produced when the child breathes out), rapid breathing, and a frequent, harsh cough.
- * Other symptoms may include fever and a runny nose.
- * Peak symptoms (wheezing and breathing difficulties) are seen on the 3rd and 4th day of the illness. A more controlled cough may persist for 2 additional days with the cough lingering for up to 14 days.
- * The fever usually resolves after the first 3 days.

HOME TREATMENT FOR BRONCHIOLITIS:

***Humidity**

Dry air tends to make the cough worse. A cool mist humidifier in the child's room will help to soothe the cough and congestion.

***Nasal Saline & Suction**

If the nose is blocked up, your child will not be able to nurse or drink from a bottle. Most stuffy noses are blocked by dry or sticky mucous. Nasal saline (and a bulb syringe) is often helpful. You may do this as often as needed. 3 to 4 times per day is recommended.

***Feedings**

It is important to push fluids. Eating is often tiring for the child, so offer smaller, more frequent feedings. Thinning the formula with extra water or electrolyte solution, for example Pedialyte, will help to thin nasal secretions.

***Medications**

Some children with Bronchiolitis respond to asthma medications. However, some do not.

Your medication is:

Directions:

For children greater than 6 months old, nasal decongestants and Dextromethorphan are sometimes helpful in relieving symptoms for a short time. Check with your doctor before giving.

CALL BACK IF:

- * Cough becomes more frequent or repetitive and the child is unable to drink or talk
- * Breathing becomes labored or difficult
- * Lips turn blue
- * Any signs of dehydration (No urination in 12 hours, no tears, dry mouth, sunken eyes, lethargy)
- * Fever > 3 days or > 103 for 4 hours or > 102 for 6 hours
- * Your child is acting VERY sick!
- * Any questions or concerns