What is bronchiolitis?

Bronchiolitis is a viral infection that causes the small breathing tubes in the lungs to become tight, swollen and filled with mucous. This can make it harder for air to move in and out of the lungs. Bronchiolitis happens most often in children under one year of age, and is the most common reason why babies are admitted to hospital.

Bronchiolitis:
- Is often caused by a virus called RSV (respiratory syncytial virus). It’s easy to catch and spreads by coughs, sneezes or objects that have been touched by a sick person (like toys, computer keyboards or hands). This virus can get into our bodies through our mouths, noses or eyes.
- Happens mostly in late fall and winter (RSV season)
- Can make it hard for babies and young children to breathe

How do I know if my child has bronchiolitis?

If your child has bronchiolitis, she will have:
- A stuffy or runny nose
- A cough (sometimes a tight cough)
- Wheezing (whistling sound coming from the chest)

These symptoms can last for 2 to 3 weeks.

Children may also have a fever or have trouble breathing. Most of the time, you can take care of your child at home. Sometimes the infection is more serious, and the child must stay in hospital. If your baby was born too early (premature) or if she has heart or lung problems, she may have to be cared for in hospital.

Bring your child to the hospital if your child:

- Is having trouble breathing (nostrils may flare out, skin pulls in between ribs, is working hard to breathe)
- Has a very bad or ‘choking’ cough
- Can’t seem to catch her breath
- Is breathing faster than usual
- Is taking very small breaths
- Has a weak cry or voice

- Has pale or blue lips
- Doesn’t wake up easily
- Is not feeding well
- Is not passing as much urine (pee) as usual (fewer wet diapers)
How is bronchiolitis treated?
If needed, medication may be given in the emergency department to open up the breathing tubes. Your child may need to wear a mask to breathe the medicine into her lungs. Most of the time, this medicine isn’t needed, and you can care for your child at home. Bronchiolitis is caused by a virus, so antibiotics won’t help.

How can bronchiolitis be prevented?
- Cough or sneeze into the bend of your arm to stop cold germs from spreading
- Keep anyone with fever or cold symptoms away from your baby
- Ask your health care provider about the RSV vaccine (for babies born too early or premature)

Hand washing is the best way to prevent bronchiolitis
Everyone must wash their hands:
- Before touching a baby
- After coughing, sneezing, blowing their nose or using the toilet
- After caring for a sick child or adult
- Before meals

Can bronchiolitis cause lung problems later on?
Most children get better and don’t have problems handling colds. A few children get colds and lung infections more often, and may also have asthma. Talk to your doctor if your child gets a lot of colds and wheezing. Children can get bronchiolitis more than once, but it is usually milder the second time around.

Numbers to know
Telehealth Ontario
1-866-797-0000
Health Information from Registered Nurses,
24 hours a day, 7 days a week
TTY: 1-866-797-0007

Want more info?
Canadian Lung Association
www.lung.ca
Follow the link to “lung diseases”, then click on “diseases a - z”, then click on RSV.

Caring for your child at home

1. Give your child extra fluids: breast milk, formula, water or juice (babies over 4 months of age can have apple juice). Feeding may be tiring for your baby or child, so try feeding smaller amounts more often.
2. Remove nose mucous. Babies will have a hard time drinking from a bottle or breast feeding if their noses are blocked with mucous. To remove mucous from your baby’s nose:
   - Place 3 drops of warm saline nose drops into each nostril
   - Wait 1 minute
   - Use a suction bulb to remove the mucous (this small squeeze bottle is available in drug stores)
4. Make sure your child gets lots of rest.
5. Give ibuprofen (for example: Advil®, Motrin®) or acetaminophen (for example: Tylenol®, Tempra®) for fever. These can also help your child feel better. Don’t give ibuprofen (for example: Advil®, Motrin®) to babies under 6 months.
6. If your health care provider has given your child a puffer, keep using it as directed to ease your child’s breathing. Bring your child back to the Emergency Department if it is not helping your child’s breathing.
7. Your child can go back to day care when she is back to her usual level of activity.