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EXITCARE® PATIENT INFORMATION

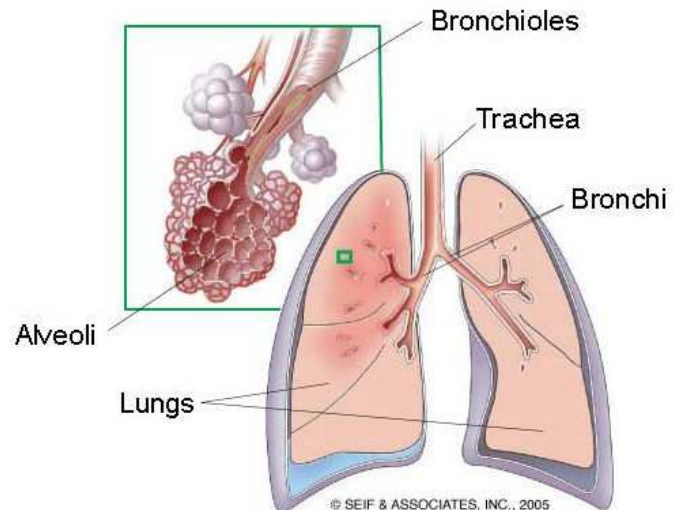
Patient Name:

Attending Caregiver:

Bronchiolitis

Bronchiolitis is one of the most common diseases of infancy and usually gets better by itself, but it is one of the most common reasons for hospital admission. It is a viral illness, and the most common cause is infection with the respiratory syncytial virus (RSV).

The viruses that cause bronchiolitis are contagious and can spread from person to person. The virus is spread through the air when we cough or sneeze and can also be spread from person to person by physical contact. The most effective way to prevent the spread of the viruses that cause bronchiolitis is to frequently wash your hands, cover your mouth or nose when coughing or sneezing, and stay away from people with coughs and colds.



CAUSES

Probably all bronchiolitis is caused by a virus. Bacteria are not known to be a cause. Infants exposed to smoking are more likely to develop this illness. Smoking should not be allowed at home if you have a child with breathing problems.

SYMPTOMS

Bronchiolitis typically occurs during the first 3 years of life and is most common in the first 6 months of life. Because the airways of older children are larger, they do not develop the characteristic wheezing with similar infections. Because the wheezing sounds so much like asthma, it is often confused with this. A family history of asthma may indicate this as a cause instead.

Infants are often the most sick in the first 2 to 3 days and may have:

- Irritability.
- Vomiting.
- Diarrhea.
- Difficulty eating.
- Fever. This may be as high as 103° F. (39.4° C.)

Your child's condition can change rapidly.

DIAGNOSIS

Most commonly, bronchiolitis is diagnosed based on clinical symptoms of a recent upper respiratory tract infection, wheezing, and increased respiratory rate. Your caregiver may do other tests, such as tests to confirm RSV virus infection, blood tests that might indicate a bacterial infection, or X-ray exams to diagnose pneumonia.

TREATMENT

While there are no medications to treat bronchiolitis, there are a number of things you can do to help:

- Saline nose drops can help relieve nasal obstruction.
- Nasal bulb suctioning can also help remove secretions and make it easier for your child to breathe.
- Because your child is breathing harder and faster, your child is more likely to get dehydrated. Encourage your child to drink as much as possible to prevent dehydration.
- Elevating the head can help make breathing easier. **Do not** prop up a child younger than 12 months with a pillow.
- Your doctor may try a medication called a bronchodilator to see if it allows your child to breathe easier.
- Your infant may have to be hospitalized if respiratory distress develops. However, medications that kill certain types of germs (*antibiotics*) will not help.
- **Go to the emergency department immediately if your infant becomes worse or has difficulty breathing.**
- Only give over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver. Do not give your child aspirin.

Symptoms from bronchiolitis usually last 1 to 2 weeks. Some children may continue to have a postviral cough for several weeks, but most kids begin demonstrating gradual improvement after 3 to 4 days of symptoms.

SEEK MEDICAL CARE IF:

- Your child's condition is unimproved after 3 to 4 days.
- Your child continues to have a fever of 102° F (38.9° C) or higher for 3 or more days after treatment begins.
- You feel that your child may be developing new problems that may or may not be related to bronchiolitis.

SEEK IMMEDIATE MEDICAL CARE IF:

- Your child is having more difficulty breathing or appears to be breathing faster than normal.
- You notice grunting noises when your child breathes.
- Retractions when breathing are getting worse. Retractions are when you can see the ribs when your child is trying to breathe.
- Your infant's nostrils are moving in and out when they breathe (*flaring*).
- Your child has increased difficulty eating.
- There is a decrease in the amount of urine your child produces or your child's mouth seems dry.
- Your child appears blue.
- Your child needs stimulation to breathe regularly.
- Your child initially begins to improve but suddenly develops more symptoms.

Document Released: 12/18/2006 Document Revised: 3/14/2011 Document Reviewed: 4/9/2011

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