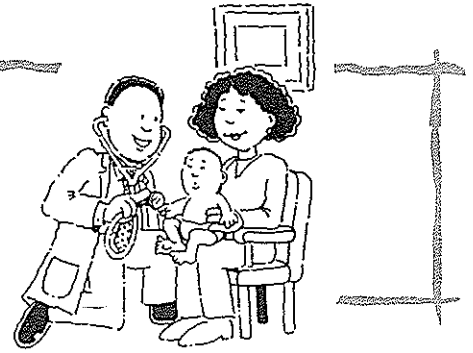


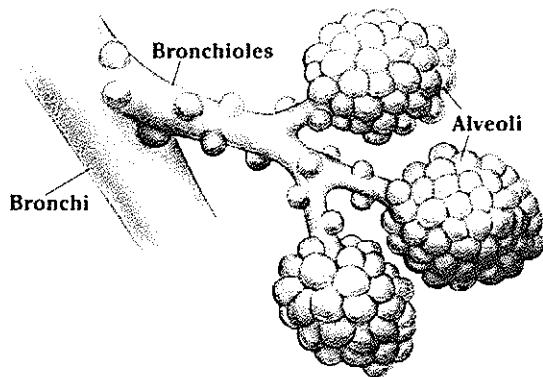
Bronchiolitis and Your Young Child



Bronchiolitis is a common respiratory illness among infants. One of its symptoms is trouble breathing, which can be scary for parents and children. Read more to learn about bronchiolitis, its causes, signs and symptoms, how to treat it, and how to prevent it.

What is bronchiolitis?

Bronchiolitis is an infection that causes the small breathing tubes of the lungs (bronchioles) to swell. This blocks airflow through the lungs, making it hard to breathe. It occurs most often in infants because their airways are smaller and more easily blocked. Bronchiolitis is not the same as *bronchitis*, which is an infection of the larger, more central airways that typically causes problems in adults.



What causes bronchiolitis?

Bronchiolitis is caused by one of several viruses. *Respiratory syncytial virus* (RSV) is the most likely cause from October through March. Other viruses can also cause bronchiolitis.

Infants with RSV infection are more likely to get bronchiolitis. Most adults and many children with RSV infection only get a cold, while others may have wheezing and difficulty breathing. RSV is spread by contact with an infected person's mucus or saliva. It often spreads through families and child care centers. (See "How can you prevent your baby from getting bronchiolitis?")

What are the signs and symptoms of bronchiolitis?

Bronchiolitis often starts with signs of a cold, such as a runny nose, mild cough, and fever. After a day or two, the cough may get worse and the infant will begin to breathe faster. The following signs may mean that the infant is having trouble breathing:

- He may widen his nostrils and squeeze the muscles under his rib cage to try to get more air in and out of his lungs.
- When he breathes, he may grunt and tighten his stomach muscles.

- He will make a high-pitched whistling sound, called a wheeze, each time he breathes out.
- He may have trouble drinking because he may have trouble sucking and swallowing.
- If it gets very hard for him to breathe, you may notice a bluish tint around his lips and fingertips. This tells you that his airways are so blocked that there is not enough oxygen getting into his blood.

If your baby shows any of these signs of troubled breathing, call your pediatrician.

Your child may become dehydrated if he cannot comfortably drink fluids. Call your pediatrician if your baby develops any of the following signs of dehydration:

- Drinking less than normal
- Dry mouth
- Crying without tears
- Urinating less often than normal

Bronchiolitis may cause more severe illness in children who have a chronic illness. If you think your child has bronchiolitis *and* your child has any of the following conditions, call your pediatrician:

- Cystic fibrosis
- Congenital heart disease
- Chronic lung disease (seen in some infants who were on breathing machines or respirators as newborns)
- Immune deficiency disease (like acquired immunodeficiency syndrome [AIDS])
- Organ or bone marrow transplant
- A cancer for which he is receiving chemotherapy

Can bronchiolitis be treated at home?

There is no specific treatment for RSV or the other viruses that cause bronchiolitis. Antibiotics are not helpful because they treat illnesses caused by bacteria, not viruses. However, you can try to ease your child's symptoms.

To relieve a stuffy nose

- **Thin the mucus** using saline nose drops recommended by your pediatrician. *Never use nonprescription nose drops that contain any medicine.*
- **Clear your baby's nose** with a suction bulb. Squeeze the bulb first. Gently put the rubber tip into one nostril, and slowly release the bulb. This suction will draw the clogged mucus out of the nose. This works best when your baby is younger than 6 months.

To relieve fever

- **Give your baby acetaminophen.** (Follow the recommended dosage for your child's age.) Do not give your baby aspirin because it has been associated with Reye syndrome, a disease that affects the liver and brain. Check with your pediatrician first before giving any other cold medicines.

To prevent dehydration

- **Make sure your baby drinks lots of fluid.** She may want clear liquids rather than milk or formula. She may feed more slowly or not feel like eating because she is having trouble breathing.

How will your pediatrician treat bronchiolitis?

If your baby is having mild to moderate trouble breathing, your pediatrician may try using a drug that opens up the breathing tubes. This may help some infants.

Some children with bronchiolitis need to be treated in a hospital for breathing problems or dehydration. Breathing problems may need to be treated with oxygen and medicine. Dehydration is treated with a special liquid diet or intravenous (IV) fluids.

In very rare cases when these treatments aren't working, an infant might have to be put on a respirator. This usually is only temporary until the infection is gone.

How can you prevent your baby from getting bronchiolitis?

Although there is no way to prevent RSV and bronchiolitis, there are some steps you can take to help prevent the spread of infections, including the following:

- Make sure everyone washes their hands before touching your baby.
- Keep your baby away from anyone who has a cold, fever, or runny nose.
- Avoid sharing eating utensils and drinking cups with anyone who has a cold, fever, or runny nose.

If you have questions about the treatment of bronchiolitis, call your pediatrician.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.
American Academy of Pediatrics
Web site—www.aap.org

Copyright © 2005
American Academy of Pediatrics