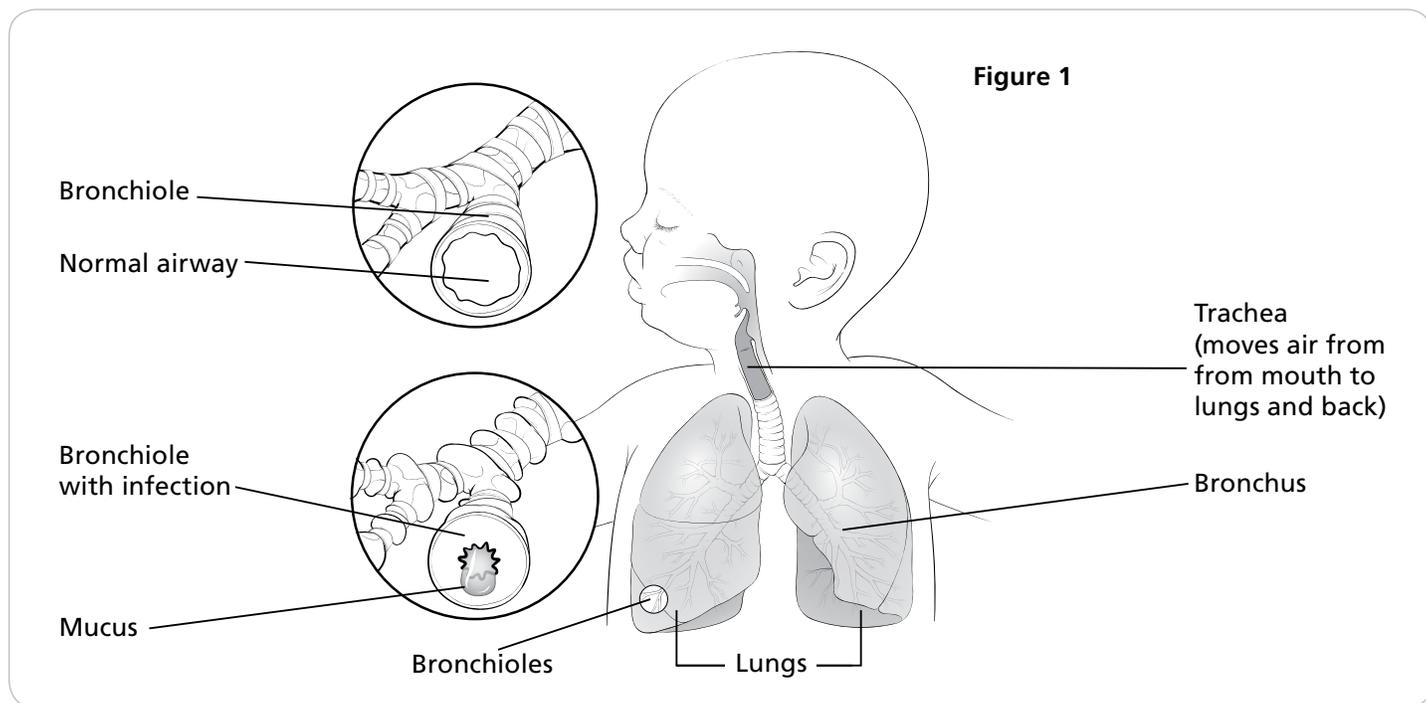


Let's Talk About...

Bronchiolitis



What is bronchiolitis?

Bronchiolitis [bron-kee-o-LITE-us] is an infection of small airways in the lungs. When you breathe in air, it enters the trachea [TRAY-kee-uh], or “windpipe.” It goes down to your lungs by entering a big tube called the bronchus [BRONK-us] and branching off into smaller tubes called bronchioles [BRON-kee-ohls] (see Figure 1). When the bronchioles get infected, it is called bronchiolitis.

Bronchiolitis happens most often in children under the age of 2 years. It is always caused by a germ called a virus. The infection causes the bronchioles to swell and fill with mucus. This blocks the flow of air through the lungs and makes it hard for your child to breathe. Respiratory syncytial [sin-SISH-uhl] virus (RSV) is the most common cause of bronchiolitis. Other viruses that cause bronchiolitis include human metapneumovirus [met-ug-NEW-moh-vye-russ], influenza, and coronavirus, among many others.

How does a child become infected?

A child becomes infected with the virus by having contact with another infected person. The virus is spread when a sick person coughs or sneezes near another person’s face, or when your child touches things with the virus on them, like sippy cups or toys, and then touch their eyes or nose. Viruses can live several hours on objects. An infected person can spread a virus for many weeks. You can stop the spread of the virus by teaching your child to wash their hands after sneezing, coughing, or blowing their nose.

What are the symptoms?

Bronchiolitis often starts off with signs of a cold, such as a runny or stuffy nose, cough, and fever. After 1 to 3 days, the virus spreads to the bronchioles. A whistling sound called wheezing may be heard when the child breathes out.

When should I call my child's doctor?

Get immediate medical attention if your child is having trouble breathing and does the following:

- Breathes faster or widens their nostrils when breathing.
- Sucks in the areas between the ribs, or above or below the rib cage. This happens as your child tries to get more air in the lungs.
- Grunts and tightens the stomach muscles when breathing.
- Drinks poorly. This may happen because your child is working so hard to breathe that they have trouble sucking and swallowing.
- Develops a bluish tint around the lips and fingertips.
- Stops breathing for short periods of time. This is known as apnea and is most common in babies born early or those who are less than 2 months old.

If your child is having a lot of trouble breathing, they may be admitted to the hospital.

Call your child's doctor if they:

- Show any signs of having trouble breathing
- Are not eating or drinking well and have had less than 4 wet diapers in a 24-hour period
- Have a fever over 100.4°F (38°C) for more than 48 hours
- Are under 3 months old and has a fever
- You have any questions or concerns about your child's bronchiolitis

What will happen if we need to go to the hospital?

The viruses that cause bronchiolitis can spread from person to person. Precautions will be taken to protect your child from becoming infected with other viruses. We will also try to prevent the spread of your child's virus to other patients. Your child will have to stay in their hospital room. A sign will be posted on the door to remind everyone of things they need to do to prevent the spread of infection.

- **Hand washing.** Everyone going into and out of your child's room must wash their hands or use hand sanitizer. They must do this before and after touching your child or any object in the room. Hand washing is the best way to prevent the spread of infection.
- **Wearing gowns, gloves, and a mask.** These items are required for all persons who go into your child's room. They prevent contact with infected items and bodily fluids. Items should be left in the room when no longer needed.

Treatment in most cases involves treating symptoms related to the infection. We also make sure your child receives enough oxygen and fluids.

- **Feeding.** Your child will be given plenty of fluids. Most babies are offered formula or breast milk. If your child is having trouble eating, feedings may be given through a small tube placed in the nose, called a nasogastric [nay-zoh-GAS-trick] (NG) tube. If your child is having significant difficulty breathing, feedings may be briefly stopped, and fluids given through an IV [eye-vee] (a small tube that is put into a vein).
- **Suctioning the nose.** Infants and younger children are too young to blow their nose. Your child will probably have a large amount of thick mucus. The nurse and respiratory therapist (RT) will help clear your child's nose, mouth, and back of the throat with a suction bulb or catheter [KATH-eh-ter]. It helps to suction before feeding, any time your child is having more trouble breathing, and before naps or bedtime. If the mucus is very thick, a few saline (salt water) drops into the nose may be used before suctioning.
- **Oxygen.** Your child's doctor, nurse, and RT will check to see how easy it is for your child to breathe. This will help to decide if your child needs oxygen or if its use can be reduced or stopped. Your nurse and RT will teach you how to look for signs of breathing problems. A machine called a pulse oximeter [auk-SIH-muh-ter] may be used to check oxygen levels in your child's blood. Your child does not need to be connected to this machine all of the time. We can check how hard your child is working to breathe by watching.
- **Safe sleep.** It is important to remember that the safest sleep position for your child is flat on their back. Sometimes when a child is in the hospital the head of their bed is raised for a short time, but remember to return to the usual flat bed position when you get home.

- **Laboratory and other tests.** Bronchiolitis most often does not require tests. There may be times when a blood test or chest x-ray is ordered. If these tests are needed, their purpose will be explained to you.
- **Medications.** Bronchiolitis goes away by itself. In most cases, it is not helpful to give medications. If medicines are used, they may include:
 - Acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) for body aches or fever.
 - Breathing treatments to help make breathing easier. These are only recommended if your child’s doctor thinks the breathing airway muscles are having some spasm.

Antibiotics, which treat infections caused by bacteria (another type of germ), are not helpful for bronchiolitis because bacteria do not cause bronchiolitis. Antibiotics are sometimes used for an ear infection or pneumonia. However, since most of these infections are caused by the same virus that caused your child’s bronchiolitis, antibiotics may not be given.

It is recommended that all children over 6 months receive the influenza (“flu”) vaccine. Your child was hospitalized with bronchiolitis. Because of this reason, your child has a higher risk of having a more serious illness if later infected with influenza.

How long will my child be in the hospital?

This depends on how sick your child is. It also depends if your child has any other health problems. The main things that will determine when your child will be safe to go home are:

- How much oxygen your child needs.
- How comfortably your child is breathing.
- How well your child is able to keep up with fluid and nutritional needs.
- Whether or not your child’s doctors have any other concerns that need to be monitored in the hospital.

Before leaving the hospital, your child’s care team will help schedule a follow-up appointment at a Respiratory Outpatient Clinic (locations are listed on [page 4](#)).

What can I do to help my child after we go home?

While in the hospital, it will be important to learn how to use a bulb syringe to suction the nose before you go home. Try the following suggestions to relieve a stuffy nose at home:

- Clear your child’s nose with a suction bulb.
- Make your child’s mucus thinner by using mild salt water nose drops.
 - Buy drops recommended by your doctor.
 - Do not try to make this yourself.
 - Never use over-the-counter nose drops that contain any medicine.
- Never give your child any other kind of cold medicine or decongestant without first checking with your child’s doctor.

If your child has a fever, give Tylenol®. Be sure to follow the recommended dose for your child’s age.

Do not give aspirin to your child. Aspirin has been associated with Reye’s syndrome, a disease that affects the liver and the brain.

How can I help prevent respiratory infections like bronchiolitis?

Frequent and thorough hand washing is the most effective way to prevent the spread of the viruses that cause bronchiolitis. The correct method is to apply soap to wet hands and scrub hands well for 10 to 15 seconds before rinsing. Other actions to take include:

- Washing your hands before holding your child, especially if you have been in a public place or around people who are ill.
- Insisting that people wash their hands before holding or touching your child.
- Not allowing babies to play with ill children.
- Keeping young babies away from places where they will have contact with people who are ill. Movie theaters, malls, and even church meetings and nurseries are places your child can be in contact with sick people.
- Washing dishes in hot, soapy water to kill the virus.
- Not smoking around your child.
- Limiting the use of wood fireplaces and wood burning stoves around your children, if possible.

Respiratory Outpatient (ROC) Clinics

Listed below are the locations and contact numbers for the hospitals that provide the Respiratory Outpatient Clinic services. It is very important to inquire if the institution is a preferred provider with your insurance company. If not, this means you may pay a higher amount than if you had the service at a facility that is a participating provider. You may want to call the registration number to make sure they contract with your insurance provider. If there is no registration number then this facility accepts all insurance carriers.

Alta View Hospital

Clinic Phone: 801-608-7254

Address: 9660 S. 1300 E. Sandy, UT 84094

Registration: 801-442-8600, 801-285-2565 or 801-501-4536

American Fork Hospital

Clinic Phone: 801-855-4314

Address: 170 N. 1100 E. American Fork, UT 84003

Registration: 801-855-3300

Bear River Valley Hospital

Clinic Phone: 435-207-4501

After hours: 435-207-4570

Address: 905 N. 1000 W., Tremonton, UT 84337

Registration: 435-207-4500

Cassia Regional Hospital

Clinic Phone: 208-677-6535

1501 Hiland Avenue Ste E Burley, ID 83318

Registration: 208-678-4444

Cedar City Hospital

Clinic Phone: 435-868-5320

Address: 1303 N. Main Cedar City, UT 84720

Registration: 435-868-5585 or 435-868-5301

Dixie Regional Medical Center

Clinic Phone: 435-251-3858

Address: 544 S. 400 E. St. George, UT 84770

Registration: 435-251-3859

Heber Valley Medical Center

Clinic Phone: 435-657-4346 or 435-657-4330

Address: 1485 S. Highway 40 Heber, UT 84032

Registration: 435-657-4384 or 801-357-7962

Intermountain Medical Center

Clinic Phone: 801-419-2172 or 801-507-4078

Address: 5121 S. Cottonwood St. Murray, UT 84157

Registration: 801-442-8600, 801-285-2565 or 801-507-5605

LDS Hospital

Clinic Phone: 801-803-3851

Address: 8th Avenue and C Street Salt Lake City, UT 84143

Registration: 801-442-8600, 801-285-2565 or 801-408-4800

Logan Regional Hospital

Clinic Phone: 435-770-4929

Address: 1400 N. 500 E. Logan, UT 84341

Registration: 435-716-5386 (M–F 8:00 am–4:30 pm)

435-770-4929 (all other times)

McKay-Dee Hospital

Clinic Phone: 801-387-3097

Address: 4401 Harrison Blvd. Ogden, UT 84403

Registration: 801-387-7699

Park City Medical Center

Clinic Phone: 435-658-7000

Address: 900 Round Valley Dr. Park City, UT 84060

Registration: 435-658-6658

Primary Children's Hospital

Clinic Phone: 801-505-3127

Address: 100 N. Mario Capecchi Dr. SLC, UT 84113

Registration: 801-662-1070

Riverton Hospitals

Clinic Phone: 801-718-7378

Address: 3741 West 12600 South Riverton, UT 84065

Registration: 801-442-8600 or 801-285-2565

Utah Valley Hospital

Clinic Phone: 801-357-4020

Address: 1034 N. 500 W. Provo, UT 84604

Registration: 801-357-8180



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