

Bronchiolitis

What is bronchiolitis?

Bronchiolitis is an infection that causes the small breathing tubes of the lungs (bronchioles) to swell and become inflamed. This partially 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 than in older children. 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 (such as Human Metapneumovirus, Parainfluenza, Influenza, and Coronaviruses) can also cause bronchiolitis.

Infants with RSV infection are more likely to get bronchiolitis with wheezing and difficulty breathing. Most adults and many older children with RSV infection only get a cold. RSV is spread by contact with an infected person's mucus or saliva (respiratory droplets produced during coughing or wheezing). It often spreads through families and child care centers. Just like most viral illnesses, care is generally just supportive. With time the child's body will fight off the infection on its own.

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. Bronchiolitis typically worsens until the 5th day of illness after which it begins to improve.

How can bronchiolitis be treated?

Unfortunately, nothing is proven to work well for treating bronchiolitis. Sometimes, breathing treatments (which are essentially medications used for asthma like albuterol) are used as a trial in our patients with bronchiolitis. If the baby responds well to these medicines, then we can prescribe the medication for home use. Overall, the most important thing is time. The following can also be done safely in all children:

1. The best help is to use a bulb suction with any nasal saline drops.
2. Putting a humidifier in their room at night can help their cough. A cool mist is typically best.
3. Elevating the head of the bed may help with mucous drainage. Be careful that the baby does not roll down!
4. The NoseFrida is more effective than the typical bulb suction and can be used to remove mucus from your child's nose. It is available at <http://www.nosefrida.com>

Call the doctor or return to the clinic ASAP for the following reasons:

1. If your child appears dehydrated.
2. If your child is becoming progressively more fatigued.
3. If there are any signs of difficulty breathing:
 - a. He may widen his nostrils (nasal flaring) and squeeze the muscles under his rib cage (retractions) to try to get more air in and out of his lungs.
 - b. When he breathes, he may grunt and tighten his stomach muscles.
 - c. He may breathe faster than normal (we tend to worry about a respiratory rate of 60 breaths per minute or faster for more than one hour).
 - d. He will make a high-pitched whistling sound, called a wheeze, each time he breathes out. This would be similar to a patient who is having an asthma attack with wheezing.
 - e. He may have trouble drinking/feeding because he may have trouble sucking and swallowing.
 - f. 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 he is not getting enough oxygen.