

## What Is Bronchiolitis?

Bronchiolitis is an inflammation of the small airways of the lung, called bronchioles. It is caused by a virus.

The most common virus is Respiratory Syncytial Virus (RSV), but it can be caused by many other viruses. There is no medication that can cure bronchiolitis. Your child's care team will provide treatment to help your child's breathing.

Bronchiolitis is often seen in children less than two years old. It is one of the most common reasons infants are admitted to the hospital. It starts as a cold with a runny nose and cough. It can make it hard for your child to breathe and you may notice them breathing faster.

Your child will have a lot of mucus in their nose. We will need to suction to remove the mucus and help your child's breathing.

Suctioning is an effective treatment.

Your child may have fevers, trouble eating, diarrhea, or throwing up after coughing.

## Discharge Checklist

- Deep suctioning not needed
- Oxygen not needed for at least 6 hours
- Breathing easier
- Drinking well enough to stay hydrated
- Family understands bronchiolitis and when to get help
- Family is able to suction using bulb syringe (or home suction device)
- Follow-up appointment scheduled with primary care provider (PCP)



## Suctioning

Your child's breathing will be checked by the nurses, doctors, and respiratory therapists. This will be done at least every four hours, based on your child's symptoms.

Suctioning is the most helpful treatment. Your child may be suctioned with a bulb syringe, a nasal suction device, or more deeply, using a long, thin suction catheter.

How often your child needs to be suctioned will depend on their breathing and congestion. Suctioning is done throughout the child's hospital stay; even at night. This may mean waking your child up at night for suctioning when needed.

You and your child's nurse will work together to make sure your child is able to rest between suctioning. You can help by calling for your nurse when your child wakes up.

## Nutrition

Based on your child's ability to breathe well; they may be able to eat and drink normally.

If their breathing makes this difficult, we have other ways to keep them hydrated. They may receive fluids through an intravenous line (IV). This is a small plastic tube placed in a vein. Fluids may also be given through a nasogastric (NG) tube, which is placed in the nose.



## Monitoring

The care team will be checking your child's oxygen level (known as oxygen saturation or O2 sat) every four hours. Your child will be placed on oxygen if their oxygen level is below 88% while asleep or below 90% while awake. If your child needs oxygen, they will be placed on a continuous oxygen monitor until they no longer need oxygen.

The nurse may also place your child on a heart rate and breathing monitor. This depends on your child's symptoms and the need for more frequent breathing assessments. .

## Your Child's Care Team

### The team members caring for your child include:

- Emergency Department Physicians
- Pediatric Hospitalists
- Registered Nurses
- Respiratory Therapists
- Licensed Nursing Assistants

### You may also meet:

- Child-Life Specialists
- Music Therapy
- Lab Techs
- IV Team Nurses
- Pharmacists
- Social Workers
- Housekeepers
- Food Service Workers

Please don't hesitate to reach out with questions or concerns to your child's primary care team.

## Prevention Infection

Bronchiolitis is caused by a virus. This virus is spread by close person-to-person contact. To prevent this, hospital staff will wear gowns and masks when caring for your child.

You and your child can help to not spread the virus by staying in his/her room. Unfortunately, that means your child will not be able to visit the play room. However, toys and games may be brought into your child's room.

