Bronchiolitis Advice Sheet

(a cause of persistent cough, mild fever and feeding difficulties in infants) Advice for parents and carers of children younger than 2 years old



First Version: November 2019 - Review Date: January 2021

Name of Child	. Age	Date / Time advice given	
Further advice / Follow up			
Name of Professional			

How is your child? (traffic light advice)



If your child has any **One** of these below:

- Blue lips and tongue
- Unresponsive or very irritable
- Breathing rapidly / struggling to breathe
- Pauses in breathing
- An irregular breathing pattern
- Had no wet nappies for 12 hours

You need urgent help

Please phone 999 or go to the nearest Hospital Emergency (A&E) Department.



If your child has any **One** of these below:

- Decreased feeding (less than ²/₃ of normal feeds)
- Passing less urine than normal or fewer wet nappies than usual
- Vomiting
- Temperature is above 38.5°C
- Is finding it difficult to breathe
- Or if your child's health gets worse or you are worried

You need to contact a doctor or nurse today

Please ring your GP surgery or call NHS 111 - dial 111



If **none** of the features in the red or amber boxes above are present, most children with Bronchiolitis can be safely managed at home.

Self-Care
Using the advice
overleaf you can look
after your child

at home

Some useful phone numbers (You may want to add some numbers on here too)



GP Surgery (make a note of number here) NHS 111
dial 111

(Available 24 hrs - 7 days a week)

School Nurse / Health Visiting Team (make a note of number here)

For online advice: 111.nhs.uk

Family Information Service: All areas have an online service providing useful information for Families set up by local councils

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What is Bronchiolitis?

Bronchiolitis is an infectious disease when the tiniest airways in your child's lungs become swollen. This can make it more difficult for your child to breathe. Bronchiolitis is caused by virus infections. It is common in winter months and usually only causes mild cold like symptoms. Most children get better on their own. Some children, especially very young ones, can have difficulty with breathing or feeding and may need to go to hospital. Young children with the following conditions are at risk of severe Bronchiolitis;- Chronic Lung Disease, Congenital Heart Disease, Aged under 3 months, Premature Birth, (especially under 32 wks) Neuromuscular disorders, Immunodeficiency syndromes.

What are the symptoms?

- Your child may have a runny nose and sometimes a temperature and a cough.
- After a few days your child's cough may become worse.
- Your child's breathing may be faster than normal and it may become noisy.
- He or she may need to make more effort to breathe.
- Sometimes, in very young babies, Bronchiolitis may cause them to have brief pauses in their breathing.
- If you are concerned see the traffic light advice overleaf.
- As breathing becomes more difficult, your baby may not be able to take their usual amount of milk by breast or bottle.
- You may notice fewer wet nappies than usual.
- Your child may vomit after feeding and become irritable.
- Some infants are more prone to the symptoms of bronchiolitis i.e. those born very prematurely or with heart problems or are exposed to tobacco smoke

How can I help my baby?

Based on Bronchiolitis in children: diagnosis and management NICE guidelines [NG9] Published date: June 2015 and on Scottish Intercollegiate Guidelines (SIGN) 2006 Guideline No. 91 Bronchiolitis in children

- Bronchiolitis is caused by a virus so antibiotics will not help.
- If your child is not feeding as normal offer smaller feeds but more frequently.
- Children with Bronchiolitis may have some signs of distress and discomfort. You may wish to give either liquid Paracetamol or liquid Ibuprofen to give some relief of symptoms. However please note this will not change either the severity or duration of the illness. Please read and follow the instructions on the medicine container.
- Over the Counter (OTC) medicine may not be available to purchase for all age groups. Ask your pharmacist.
- If your child is already taking medicines or inhalers, you should carry on using these. If you find it difficult to get your child to take them, ask your Pharmacist, Health Visitor or GP. Alternatively, guidance on inhaler technique can be found at https://www.asthma.org.uk/advice/inhalers-medicines-treatments
- Make sure your child is not exposed to tobacco smoke. Passive smoking can seriously damage your child's health. It makes breathing problems like bronchiolitis worse. Remember smoke remains on your clothes even if you smoke outside.
- If you would like help to give up smoking you can get information about your local smoke free service from your GP surgery. Further advice can be sought by calling the National Stop Smoking Helpline Tel: 0800 169 0 169 from 7am to 11pm every day.
- For protection over the winter months, children 6 months+ may be eligible for a flu vaccine. If you would like more information please discuss this with your Practice Nurse or GP.

How long does Bronchiolitis last?

- Most children with bronchiolitis will seem to worsen during the first 1-3 days of the illness before beginning to improve over the next two weeks. The cough may go on for a few more weeks. Antibiotics are not required.
- Your child can go back to nursery or day care as soon as he or she is well enough (that is feeding normally and with no difficulty in breathing).
- There is usually no need to see your doctor if your child is recovering well. But if you are worried about your child's progress discuss this with your Health Visitor, Practice Nurse or GP or contact NHS 111.