

## Data Protection - Looking after and sharing information about your child

We have a duty of care to help patients and families understand how information about them is kept and shared and we include the following information in all our patient leaflets:

Information is collected about your child relevant to their diagnosis, treatment and care. We store it in written records and electronically on computer. As a necessary part of that care and treatment we may have to share some of your information with other people and organisations who are either responsible or directly involved in your child's care. This may involve taking your child's information off site. We may also have to share some of your information for other purposes; such as research etc. Any information that is shared in this way will not identify your child unless we have your consent. If you have any questions and/or do not want us to share that information with others, please talk to the people looking after your child or contact PALS (Patient Advice and Liaison Service) on 0121 333 8403.

## Further information

If you need any more information or advice please contact: 111.

Call 111 if you need medical help fast, but it's not life-threatening – for example, if you:

- Think you need to go to the hospital.
- Don't know who to call for medical help.
- Don't have a GP to call.
- Need medical advice or reassurance about what to do next.

For health needs that are urgent, you should call your GP.

If a health professional has given you a number to call for a particular condition, you should continue to use that number.

This information has been produced by the Emergency Department.



when it's less urgent than 999

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Advice Sheet for

# Bronchiolitis

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By your side

## Information for Parents: Caring for your baby/child with bronchiolitis

### What is bronchiolitis?

Bronchiolitis means inflammation of the bronchioles. It is usually caused by a virus called the Respiratory Syncytial Virus (RSV). Other viruses are sometimes the cause. RSV is a common cause of colds. In some babies RSV can also infect lower down the airways to cause bronchiolitis. RSV is spread in tiny water droplets coughed and sneezed into the air. Infected bronchioles become swollen and full of mucus.

### Who gets bronchiolitis?

It is estimated that as many as 1 in 3 babies in the UK under the age of 12 months develop bronchiolitis at some point. It most commonly occurs in babies aged 3-6 months old. For most it is not a serious illness. However, about 3 in 100 babies are admitted to hospital with bronchiolitis before they are 1 year old. Babies at higher risk of developing a more serious illness with bronchiolitis include: premature babies, babies with heart conditions, and babies who already have a lung condition.

### What are the symptoms of bronchiolitis?

Bronchiolitis in the UK usually occurs in the winter months (November to March):

- Cold symptoms: a runny nose, cough and mild fever are usual for the first 2-3 days.
- Fast breathing, difficulty with breathing, and wheezing may develop as the infection 'travels' down to the bronchioles. The number of breaths per minute may go as high as 60-80.

- The nostrils may 'flare' and the cough becomes worse.
- You can often see the muscles between the ribs moving inward during each breath. This is because the baby needs more effort to breathe than normal.
- The baby may have difficulty feeding and taking drinks. This is because the baby is ill, tires easily, and may struggle to breathe and feed at the same time.

Typically, symptoms peak in severity 3-5 days after starting. The severity of the illness can vary from mild (being a bit worse than a heavy cold) to severe with serious breathing difficulties. After peaking, symptoms then usually gradually ease and go within 1-2 weeks. An irritating cough can linger a bit longer. In some cases the irritating cough may 'grumble on' for several weeks after the other symptoms have gone.

Some children develop wheezy chests and coughs more easily after a bout of bronchiolitis, especially when they have a cough or a cold. This is called post-bronchiolitic syndrome and usually goes away in time. In a minority of cases the wheezy symptoms may develop 'on and off' for several years, particularly when coughs and colds.

### What is the treatment for bronchiolitis?

Bronchiolitis is a 'self-limiting' illness. This means it will normally go as the immune system clears the virus. There is no medicine that will kill the virus. Antibiotics do not kill viruses and are not usually prescribed.

The aims of treatment include the following:

- To make sure the baby does not dehydrate (become low in body fluids). This may occur if the baby does not feed or drink well.
- To help with breathing if this becomes difficult.
- To be alert for possible complications.

### Home treatment

Symptoms do not become severe in most cases. A doctor will check that your baby is not showing signs of dehydration and is able to breathe reasonably well. It is usually a good sign if your baby is drinking and feeding well. Breathing may be easier for your baby if he or she sleeps with the head of the cot slightly raised. Consult a doctor if your baby appears to get worse.

In particular:

- If your baby does not feed or drink well.
- If the number of breaths each minute increases.
- If your baby is struggling to breathe.
- If your baby loses a good pink colour and becomes pale or blue.

### Hospital treatment

About 3 in 100 babies with bronchiolitis are admitted to hospital. For most it is a short stay until they are over the worst of it. The main reason for hospital admission is concern over poor drinking or feeding. In hospital a baby can be fed by a tube passed into the stomach if necessary. Extra oxygen may be given if breathing is difficult. About 2 in 100 babies admitted to hospital with bronchiolitis need help with breathing for a while (assisted ventilation) until the infection goes.

Some babies become seriously ill, or develop pneumonia as a complication. Intensive care is needed in a small number of cases.