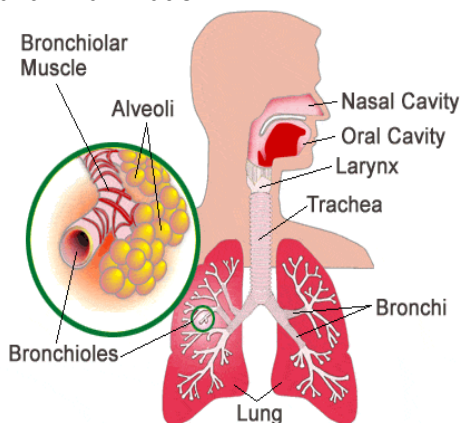


Your child has been examined by a doctor in the Paediatric Emergency Department (PED) and diagnosed with Bronchiolitis. The WCH information pamphlet “Bronchiolitis – Information for Parents and Caregivers” has been included in this pack. Please take the opportunity to read it when you get home.

After an examination, the PED doctor did not think your child needed to be admitted to hospital at this point of his/her illness. However please be aware that your child may need to return to the PED and possibly be admitted to hospital if their condition deteriorates.

What is Bronchiolitis?

Bronchiolitis is a virus that infects the small breathing tubes (bronchioles) in your child’s lungs and causes them to become narrowed by mucous and inflammation.



This can cause a wheeze, a cough, an increase in respiratory (breathing) rate, use of accessory muscles (see on next page), vomiting, fever, decreased feeding and interrupted sleep. As Bronchiolitis is a viral infection, antibiotics will not help. Treatment is for the symptoms your child may experience. Listed below are some of the symptoms, why they occur and how you can help your child with them.

Symptoms of Bronchiolitis and how to help

WHEEZE: This is the sound made by your child as they breathe air in and out through the mucous. Sometimes medication such as Ventolin may be prescribed to open up the airways and settle the wheezing, but often it is not effective in children under 12 months of age. Nursing your child up right may also assist in helping to clear the mucous.

COUGH: A cough is the body’s way of breaking down and removing the mucous. NEVER give you child cough medicine as this may stop the cough and the mucous build-up will increase. During a coughing episode sit you child up as this can help clear their airways.

INCREASED RESPIRATORY (breathing) RATE: The body has to work harder to maintain its required oxygen level so the lungs work faster. This increases your child’s respiratory rate (breathing). Giving your child plenty of rest and quiet time may help decrease the workload on the lungs and slow your child’s breathing down.

USE OF ACCESSORY MUSCLES: You may have noticed a small “in drawing” at your child’s throat or across their chest or back. This is caused by the muscles in these areas working harder to help to “draw” oxygen into the lungs. Rest may help with this symptom.

VOMITING: Many children may vomit after coughing. This is caused by the mucous entering the oesophagus (food pipe) and the stomach. Sometimes the only way the mucous can be moved is by vomiting. If your child does vomit, sit them up or lay them on their side to help stop the mucous from re-entering the lungs.

FEVER: A temperature is a normal part of any illness (see the enclosed pamphlet “Fever in Children – Guidelines for Families). If you child has a high fever and/or is distressed, giving Paracetamol or Ibuprofen may make them more comfortable.

DECREASED FEEDING: You may have noticed a decrease in the amount your child is drinking. This is usually due to tiredness from the increased effort to breathe, the constant coughing and sometimes due to a blocked nose. Although the body makes up for this by saving water and only making strong urine children can become dehydrated if they do not get enough to drink. Giving more frequent breastfeeds or smaller amounts of formula or water more often helps. If your baby does not have a wet nappy every 8-12 hours it probably means they are not getting enough fluids. The use of saline drops (i.e. Fess Spray) prior to feeding may help clear your child’s nose and make it easier for them to drink.

INTERRUPTED SLEEP: You may have noticed a dramatic change in your child’s sleeping pattern. They often sleep more but for a shortened period of time. This is normal and under most circumstances your child’s sleeping pattern will return to normal once they are well. Allow your child plenty of sleep time as this will allow their body to rest and recover quicker from this illness. Elevating the head of their bed (i.e. with a small towel) may help them to sleep better.

Follow Up

The Discharge Liaison Nurse will have discussed follow up with you, which will usually include a home visit by a nurse from the local Community Nursing Service. Other follow up arrangements, such as a phone call may be organised.

Making an appointment with your GP, in a few days' time, so he/she can review your child is a good idea.

But if at any stage you think your child's condition has deteriorated call an Ambulance on 000 immediately

For information regarding when you may need to bring your child back to the Emergency Department See the enclosed WCH pamphlet "BRONCHIOLITIS – INFORMATION FOR PARENTS & CAREGIVERS"



DO NOT ALLOW ANYONE TO SMOKE NEAR YOUR CHILD

References:

www.cyh.com

www.betterhealth.vic.gov.au

www.chw.edu.au

www.rch.org.au

WCH PED
72 King William Rd
North Adelaide 5006
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Women's & Children's Hospital

BRONCHIOLITIS

Breathing Easier at Home



Information for
parents and caregivers