



**CHU
Sainte-Justine**
Mother and Child
University Hospital Centre

Université
de Montréal

Bronchiolitis

Information leaflet for families
of a child diagnosed with bronchiolitis





What is bronchiolitis?

Bronchiolitis is an infection of the small bronchi (bronchioles) caused by a virus.

Several viruses that are very common in children under two years of age (especially under one year of age) can cause bronchiolitis. These viruses trigger inflammation of the bronchioles, which creates a lot of secretions in children.

Bronchiolitis occurs more frequently between November and April.

It is the most common cause of hospitalization in children **under one year of age**.

This infection is very common: **90%** of children will have at least one episode of bronchiolitis in their lifetime.



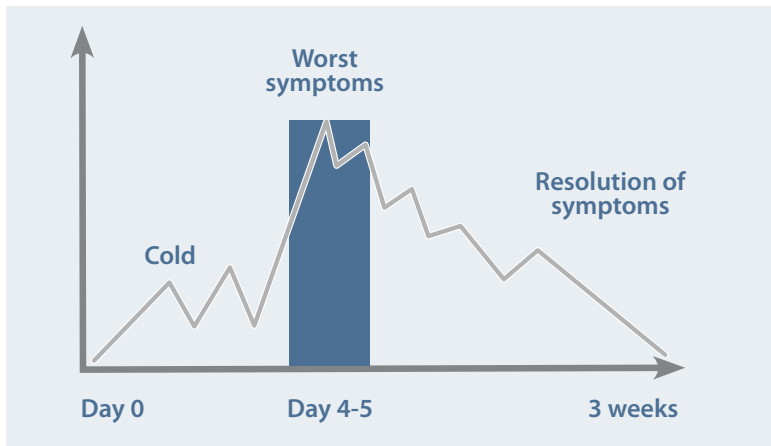
What are the symptoms?

Bronchiolitis usually begins as a common cold, with a runny nose and / or nasal congestion. The child's breathing may become faster and more difficult. There may also be wheezing, coughing and/or indrawing (using the muscles between the ribs to breathe).

It may be more difficult for the child to drink or feed with bronchiolitis. The child might urinate less than usual.

Symptoms of bronchiolitis gradually worsen by the fifth day after the onset of symptoms. Most symptoms go away within 10 days of onset, but the cough can last up to 3 weeks.

Here is a graph that shows the progression of symptoms of bronchiolitis:



What is chest indrawing?

Indrawing happens when a child has trouble breathing. You can see that the skin is being pulled in towards the chest below or between the ribs. Another sign of breathing difficulties may be nasal flaring. A video of indrawing is available on the CHU Sainte-Justine website, under the Care & Services / Emergency / Bronchiolitis section.



How should bronchiolitis be treated at home?

There is no medicine or antibiotic for this infection because it is caused by a virus. Bronchiolitis heals on its own within a few days to weeks.

In the meantime, there are several things parents can do to improve their child's comfort and prevent complications. Here are a few:

- Make sure your child is feeding and drinking well. Since infants' feeds are more difficult with bronchiolitis, it is recommended to offer them smaller feeds more frequently to avoid dehydration;
- Clean your child's nose to facilitate breathing and prevent a build-up of secretions. It is recommended to do nasal hygiene regularly, especially before feeds;
- It is also recommended to position your baby at 30 degrees (reclined, semi-seated position) when feeding. You can also raise the baby's headboard 30 degrees by putting blankets or other objects **under** the mattress;



- It is important not to expose your child to secondary smoke or other allergens, such as animal hair and dust;
- Also, do not give your child cough medicines or medicines containing decongestants.

What nasal hygiene technique is recommended by the CHU Sainte-Justine?

Parents can use homemade or commercially bought saline solution. See here how to make your own saline solution in just a few minutes:



To learn about the nasal hygiene technique, see this video from the CHU Sainte-Justine:

When should you see a healthcare professional?

You should see your healthcare professional if your child:

- has more difficulty breathing than usual;
- is feeding and urinating less than usual;
- has a fever.

It is important to go to the emergency department if your child:

- is less than one month old;
- is tired or less awake;
- is pale or ill-appearing;
- is breathing faster or with difficulty, despite frequent nasal hygiene with saline solution;
- has feeding difficulties or has signs of dehydration (no tears, dry mouth, less than 3 or 4 urines in a 24-hour period);
- is less than 3 months old with a fever (38.0°C rectal).

Visit these sites to learn more about your child's fever and how to take a temperature.



Your child has been seen in a clinic or emergency department and has been discharged home. When should you see a healthcare professional again?



A new medical evaluation is necessary if your child's condition deteriorates (less awake, more irritable, increased fatigue or reduced feedings), has more difficulty breathing (increased indrawing or nostrils flaring) or if the fever starts or lasts for more than 48 to 72 hours.

It is important to know that a cough can last for up to three weeks after the onset of symptoms. You should not be concerned about this unless it is accompanied by a persistent fever, pauses in breathing, choking, difficulty breathing, or a change in the child's colour.

Why are some children hospitalized for bronchiolitis?



Some children will need to be hospitalized for their bronchiolitis because their condition requires more medical monitoring and they may need help with their breathing or hydration.

The length of a hospital stay varies depending on the severity and course of the bronchiolitis and can sometimes be several days to weeks.

Are some children at greater risk of getting worse with their bronchiolitis?

All infants can get bronchiolitis. However, some are more likely to have more severe symptoms:

- Babies less than 3 months old;
- Children known to have lung and heart problems;
- Children born prematurely (35 weeks or less);
- Children who have an immune deficiency;
- Children exposed to second-hand smoke.

How can you prevent bronchiolitis?

Particular attention to hygiene can help to avoid transmission of viral infections. It is therefore important to:

- wash your hands regularly;
- avoid contact with sick people, even those with a simple cold;
- avoid sharing toys that could have been handled by sick people, especially toddlers;
- do regular nasal hygiene during the winter period;
- avoid exposure to second-hand smoke;
- avoid bringing babies less three months old in crowded places.



CHU Sainte-Justine

3175, chemin de la Côte-Sainte-Catherine
Montreal (Quebec) H3T 1C5
Téléphone : 514-345-4931

chusj.org



**For further questions,
contact Info-Santé by dialing 811.**

Contributors

Annik Chainey, parent partner
Dre Ariane Boutin
Dre Nathalie Gaucher
Dr Pierre-Philippe Piché-Renaud
Dr Louis-Philippe Thibault
Dre Evelyne D. Trottier

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Norman Hogue

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