

When should I bring my child back?

Your child should be seen for:

- Difficulty breathing.
 - Sinking in above, below, or in between ribs.
 - Breathing faster than once per second.
 - Trouble eating due to congestion.
- Fever higher than 101 degrees for more than 5 days.
- Signs of dehydration (no tears, dry mouth, or fewer wet diapers).
- If you have any other concerns.

What resources are available?

Our Urgent Care locations are available for Telehealth and in-person visits 7 days a week:

- Monday-Friday, noon-10 p.m.
- Weekends, 10 a.m.-8 p.m.

Telehealth visits can help you determine if your child needs to be seen for in-person care .

Select a visit time and check in online at: [childrensmercy.org/savemyspot](https://www.childrensmercy.org/savemyspot)

If you have any questions, please follow up with your child's regular doctor or call the **Children's Mercy Nurse Advice Line: (816) 234-3188.**



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BRONCHIOLITIS FAMILY ENGAGEMENT

In the hospital setting



What is bronchiolitis?

Bronchiolitis is the most common cause of hospitalization in patients less than 2 years of age. It is a viral infection of the lower respiratory tract. The small breathing tubes in the lungs (bronchioles) fill with mucous, which can make it difficult to breathe. It often is caused by RSV (respiratory syncytial virus). It can also be caused by rhinovirus, influenza, human metapneumovirus or many other viruses.

It starts with “common cold” symptoms such as runny nose, fever and cough. Wheezing is very common. It is part of the viral illness and does not mean your child has asthma. Poor feeding might occur because of a stuffy nose or trouble breathing. Prematurity or underlying health problems may lead to more severe illness. Many children can be cared for at home. Children with difficulty breathing, dehydration, lethargy or the need for oxygen may be hospitalized.

What should I expect in the hospital?

Healthcare providers usually diagnose bronchiolitis by talking to you about your child’s illness and examining your child. In most cases, blood work, X-rays and virus tests will not change your child’s treatment. Tests for specific viruses are not always accurate. The treatments are nasal suctioning and adequate hydration. Your child may need oxygen or IV fluids. Once your child is eating, does not need oxygen and is breathing more easily, he or she may be ready to go home.

Is there any medicine to help my child get better faster?

There are no medications to treat the virus. Antibiotics do not treat viruses. The illness needs to “run its course.” Most patients with bronchiolitis are not helped with albuterol treatments. Steroid medications and cough/cold medications are not beneficial and have many side effects.



How can I help my child at home?

- Use a bulb syringe or other manual nasal aspirator (i.e., Nose-Frida, Nasakleen, etc.) to suction mucous from the nose. Electric suction devices are also available for purchase and may help with ease of suctioning mucous from the nose. Put 2 drops of nasal saline (saltwater) in each nostril before suctioning. This may help remove more mucous. Suction before feeding, before sleeping or if your child appears uncomfortable.
- Make sure your child drinks plenty of fluids. Your child may drink smaller amounts than normal. Give fluids more frequently.
- Do not let anyone smoke near your child. This can make his or her symptoms worse.
- Acetaminophen can be used for fever and fussiness. Ibuprofen can also be used in children over 6 months old.
- Cough and congestion may last for up to 14 days.
- Wash your hands often to help prevent spread of the virus to others.
- Follow up with your child’s regular healthcare provider.
- If you have any questions, please call the Children’s Mercy Nurse Advice Line: (816) 234-3188.