

# Bronchiolitis in children

Information for the public

Published: 1 June 2015

[nice.org.uk](http://nice.org.uk)

## About this information

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

This information explains the advice about bronchiolitis that is set out in NICE guideline NG9.

### *Does this information apply to me?*

Yes, if your child is up to 2 years old and has been diagnosed as having bronchiolitis.

It does not cover infants and children who:

- have other respiratory illnesses (for example, asthma or viral-induced wheeze)
- are already in hospital in neonatal care or children's intensive care units.

## Bronchiolitis

Bronchiolitis is an illness that babies and children up to 2 years old can get, and a third of children will have had it by their first birthday. They're most likely to get it when they are aged between 3 and 6 months old, and will usually catch it in the winter months (October to March). It usually starts as a runny or blocked nose, but over 2 to 3 days the small airways (bronchioles) in the lungs get infected, inflamed and clogged up with mucous. This makes it hard for children to breathe and feed.

In most children bronchiolitis is mild and their breathing and feeding get better within 5 days, though their cough may take longer to go (usually by around 3 weeks, but sometimes it can be longer). There are no medicines that can cure bronchiolitis, but the normal medicines you would give for a cold (like paracetamol or ibuprofen) can help make the symptoms better.

Children with bronchiolitis can most often be cared for at home, though a few (about 3 in every 100) will need to go to hospital to get help with their breathing and feeding. Bronchiolitis can be serious, and some children are at risk of it being worse for them (see [are there any things that could affect my child's illness?](#)), but it's extremely rare for it to cause death.

## Your child's care team

A range of professionals who specialise in different areas of treatment or support may be involved in your child's care. This could include GPs, paediatric specialists (doctors who specialise in caring for children), nurses and healthcare assistants.

## *Working with you*

Your child's care team should talk with you about bronchiolitis. They should explain any tests or treatments your child should be offered and any support you and your child can have so that you can decide together with them what is best for your child. There is a list of [questions](#) you can use to help you talk with your child's care team.

We also have more information on the NICE website about [using health and social care services](#).

Some treatments or care described here may not be suitable for your child depending on the exact circumstances. If you think that your child's treatment does not match this advice or you have any concerns, talk to your care team.

## Does my child have bronchiolitis?

Your healthcare professional should ask you:

- has your child got a cough that won't go away?
- has your child recently had a cold lasting a few days?
- has your child had a high temperature or fever?

- does your child have trouble feeding?
- have you noticed your child's breathing pausing for more than 10 seconds? (This is called apnoea, and is especially important for young or premature babies as it might be the only sign they have bronchiolitis.)

Your healthcare professional will check your child for signs of bronchiolitis by listening to their chest and checking their temperature. They may also see how well your child's lungs are working using a test called pulse oximetry, which measures how much oxygen is in the blood. The test works by placing a probe on your child's skin (a finger or toe) that shines light through the skin. How much light is absorbed relates to how much oxygen there is in their blood.

### *Are there any things that could affect how bad my child's illness is?*

Your healthcare professional may need to check other details about your child and your home life too. This is because some things can mean your child's bronchiolitis might be more severe, such as if your child:

- was born prematurely
- is very young (less than 3 months old)
- has other diseases and conditions that can affect the illness (like cystic fibrosis, heart disease or muscle problems)
- has not been breast fed
- lives in a home where someone smokes.

### **Will my child have to go to hospital?**

Most children with bronchiolitis can be cared for at home, but some will need to go to hospital for more checks to see if they need to be looked after there. Your healthcare professional will discuss with you what they think is the best choice for your child, based on what they found when examining your child and what you have told them about how ill your child has been and your home life.

Sometimes, hospital will also be the best option if:

- you live a long way away from a doctor or healthcare centre

- you're worried that you won't be able to tell for sure if your child is getting worse.

If your child is very ill, they may need to go to hospital straight away by ambulance.

Before deciding if your child can go home or should stay in hospital, the healthcare team should check:

- how much oxygen is in their blood using pulse oximetry (see [does my child have bronchiolitis?](#))
- whether they are feeding well and are well hydrated (have enough water in their bodies).

## Caring for your child at home

If you are going to care for your child at home you should be given information on how to tell if they are getting worse ('red flag' signs) and how to get help quickly if they need it. The information should also tell you about any follow-up care you can get.

### *'Red flag' signs*

When caring for your child at home, you need to know these important signs and if they may be getting worse so you can get help as quickly as you can:

- breathing becoming harder work – this may mean they're making an 'effort noise' every time they breathe out (often called grunting), flaring their nostrils, their chest might 'suck in' between the ribs, or they may use their stomach to breathe
- not taking in enough feeds (half to three quarters of normal, or no wet nappy for 12 hours) – these are signs they might be dehydrated
- pauses in their breathing for more than 10 seconds (apnoea)
- skin inside the lips or under the tongue turning blue (cyanosis)
- exhaustion (not responding as they usually would, sleepy, irritable, floppy, hard to wake up).

## What happens if my child has to stay in hospital?

In hospital, your child may be given some or all of these things to help them get better:

- a suction tube put into their nose, mouth or throat for a few seconds to suck out blockages and help them to feed and breathe more easily

- extra oxygen using a face mask, tube or head box (this is a small plastic box placed over the head if they're too small to wear a mask or tube) if they can't take enough in from the air
- a special face mask or tube to help push oxygen into their lungs using air pressure
- a feeding tube put into their stomach through either their nose or mouth to give milk feeds and/or medicines.

Your child may also need a drip to make sure they're getting enough fluid.

Some children may also need to have a test called capillary blood gas testing. This is where blood is taken with a pinprick (much like a heel prick test) to see how much of the oxygen they are breathing in is getting into their blood.

### *When will my child be able to come home from hospital?*

Your child will need to stay in hospital until the healthcare team are sure that they aren't going to get worse again, can take in enough feeds so they won't be dehydrated and are breathing well enough on their own.

They may also want to make sure that:

- you aren't worried about taking your child home in case they get worse
- you are close enough to a doctor or healthcare centre to get help quickly.
- you know the signs to look for that mean they are getting worse ('red flag' signs).

## Questions to ask about bronchiolitis

### *Finding out what's wrong (diagnosis)*

- Can you tell me more about the tests/investigations my child may need?
- What do these tests involve?
- Where will these be carried out? Will my child need to have them in hospital?
- Why do you need to know about other details and my child's home life?
- If my child doesn't have bronchiolitis, what else might it be?

## *Treatments and care*

- Can you tell me why you have decided to offer my child this particular type of treatment?
- What will it involve?
- How will it help my child? What effect will it have on my child's symptoms?
- Will my child need to stay in hospital, and if so why?
- When will my child be able to come home?
- If my child still has a cough after a few weeks, what should I do?
- Will over-the-counter cough and cold medicines help my child feel better?
- Why is it important to make sure no one smokes around my child when they come home?
- Can you provide me with any information to help me look after my child?

## *About bronchiolitis*

- Can you tell me more about bronchiolitis?
- Can you prevent bronchiolitis? Is there a vaccine available?
- Is it possible for my child to get bronchiolitis again once they've had it?
- Will it affect them in later life?
- Will getting bronchiolitis mean my child is more likely to have other breathing problems later, like asthma?
- Can my child have their routine vaccinations?
- Does my child need to keep away from other children?

## **Sources of advice and support**

- National Childbirth Trust (NCT), 0300 330 0700  
[www.nct.org.uk](http://www.nct.org.uk)
- Bliss, 0500 618140  
[www.bliss.org.uk](http://www.bliss.org.uk)

- British Lung Foundation, 03000 030 555  
[www.blf.org.uk](http://www.blf.org.uk)

You can also go to [NHS Choices](#) for more information.

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

ISBN: 978-1-4731-1163-9

## *Accreditation*

