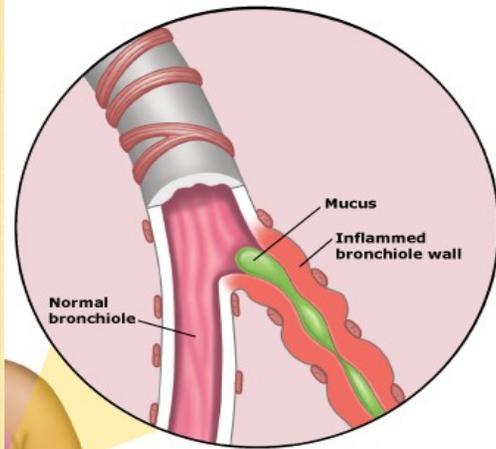


This document was created by a medical student enrolled in the Rural Physicians Associate Program (RPAP) at the University of Minnesota Medical School as part of the course project. The aim of the project is to present information on a medical topic in the format of a patient education handout. It does not necessarily reflect the views of the University of Minnesota Medical School physicians and faculty. These materials are provided for informational purposes only and are in no way intended to take the place of the advice and recommendations of your personal health care provider. The information provided may no longer be up to date since it has not been reviewed since the date of creation. The information provided should not be used to diagnose a health problem or disease, or as a means of determining treatment. In the event of a medical emergency, immediately contact a doctor or call 911.

Bronchiolitis: What is it?



Bronchiolitis is swelling and mucus buildup in the smallest air passages that carry air in and out of the lungs. This makes it harder to breathe. It is usually due to a viral infection. It usually affects children under the age of 2, with a peak age of 3 - 6 months. It is a common, and sometimes severe illness.

<https://health.google.com/health/ref/graphic/17098>

Pamphlet Created by:

Ruth E. Olson
Med Year 3

University of MN-Medical School

Olso2315@d.umn.edu

Care of Infants with Bronchiolitis



Transmission:

The virus is transmitted from person to person by direct contact with nasal fluids, or by airborne droplets.

Risk Factors:

- Exposure to cigarette smoke
- Age younger than 6 months old
- Living in crowded conditions
- Lack of breast-feeding
- Prematurity (born before 37 weeks gesta-

Symptoms:

- Cough
- Wheezing
- Shortness of Breath
- Rapid Breathing
- Bluish discoloration of skin
- Fever
- Nasal flaring

Do albuterol or epinephrine nebulizer treatments help with bronchiolitis?

Since wheezing is seen in both bronchiolitis and asthma, many parents think that albuterol nebulizers or inhalers, a mainstay in asthma treatment, would also help with bronchiolitis. This has been a controversial topic in pediatrics. In studies on infants without a history of reactive airways, neither epinephrine or albuterol nebulizers made a difference in decreasing hospital stays in infants with bronchiolitis. They also did not reduced the time it took for infants to reach normal oxygen levels, adequate fluid intake, decrease respiratory distress or decrease revisit and re-admission rates. Albuterol has many side effects, including shaking, mouth/throat dryness or irritation, cough, dizziness, headache, trouble sleeping, and nausea. Because it is not effective in infants without reactive airways, and has side effects, it should not be used in bronchiolitis.

Treatment:

Sometimes no treatment is necessary.

Supportive therapy can include:

- Chest clapping
- Drinking enough fluids
- Breathing moist (wet) air helps loosen the sticky mucus that may be choking your child. You can use a humidifier.
- Getting plenty of rest
- Do not let anyone smoke anywhere near your child.
- Most medications have little effect on bronchiolitis. Children in the hospital may need oxygen therapy and fluids given through a vein (IV) to stay hydrated.
- In extremely ill children, antiviral medications are used in rare cases.
- Antibiotics are not effective against viruses

For more information on bronchiolitis, go to:

<http://www.mayoclinic.com/health/bronchiolitis/DS00481>
<http://familydoctor.org/online/famdocen/home/children/parents/common/common/020.html>