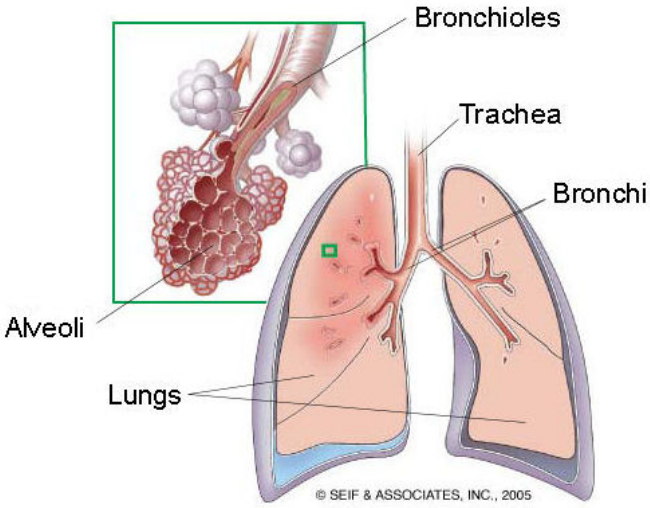
Bronchiolitis

Bronchiolitis is one of the most common diseases of infancy and is one of the most common reasons for hospital admission. It is a viral illness and the most common cause is the Respiratory Syncytial Virus (RSV). It typically occurs during the first three years of life and is most common in the first 6 months of life. Because the airways of older children are larger, they do not develop the characteristic wheezing with similar infections. Because the wheezing sounds so much like asthma, it is often confused with this. A family history of asthma may indicate this as a cause instead.



Probably all bronchiolitis is caused by a virus. Bacteria are not known to be a cause. Infants exposed to smoking are more likely to develop this illness. **Smoking should not be allowed at home if you have a child with breathing problems.**

Infants are often the most sick in the first two to three days and may have associated irritability, vomiting, diarrhea and be difficult to feed. The child's condition can change rapidly. Carefully monitor your child's condition and do not delay seeking medical care for any problems.

Your infant may have to be hospitalized if respiratory distress develops. However, medications that kill germs (*antibiotics*) will not help. A **cool mist** vaporizer may be useful in the home.

Go to the emergency department immediately should your infant become worse or have any difficulty breathing. Do not smoke in your home or around your infant.

The child's oral temperature may range from below normal up to 102° F (38.9° C); or 103° F (39.4° C) rectally or as your caregiver suggests.

Only give over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

SEEK IMMEDIATE MEDICAL CARE IF:

- Your child is having more difficulty breathing.
- You notice grunting noises with your child's breathing.
- Retractions when breathing are getting worse. Retractions are when you can see the ribs when your child is trying to breathe.
- You notice nasal *flaring* (nostril moving in and out when the infant breathes).
- Your child has increased difficulty with feeding.
- There is a decrease in the amount of urine or your child's mouth seems dry.
- Your child appears blue.
- Your child needs stimulation to breathe regularly.

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