

→ ACUTE BRONCHIOLITIS. PREVENTION AND CARE



WHAT IS IT?

Bronchiolitis is an infection that affects the small bronchi of the lungs. It is caused by a virus, usually called Respiratory Syncytial Virus (RSV). It occurs in epidemics between October to March and mainly affects **minors under 2**.

In most cases it is a **mild condition** but it can also worsen and may require hospital treatment in the case of children born prematurely, those under 6 months of age or those suffering from a pre-existing condition.



Acute bronchiolitis

WHAT ARE THE SYMPTOMS?

- It usually starts like an ordinary cold, with cough and mucus. There may be a fever.
- Shortness of breath may occur within 2–4 days. It is noticeable because they breathe faster and find it difficult to eat.
- Occasionally, noises in the chest can be heard, the ribs stand out, the chest sinks in or the stomach moves with each breath.

CAN IT BE PREVENTED?

Yes, by **hand washing** and avoiding any contact between babies and people with colds and catarrh.

In addition, it is advisable not to take them to **nursery** if they have been diagnosed with acute bronchiolitis, as it is transmitted from person to person by coughing or sneezing and by contact with any contaminated surfaces. Breastfeeding helps to protect against this type of infection.

An immunising product (Nirsevimab) is now available, which is applied like a vaccine and offers **immediate protection**, preventing hospitalisation in more than 80% of cases according to the data available.

At the beginning of the RSV epidemic period immunisation is administered to infants in their first months of life, to children under 24 months of age at high risk of severe disease and to premature infants under 12 months of age when the vaccination campaign begins.

It is administered by injection into the thigh muscle. It can cause the same side effects as vaccines, the most common being: skin rash, fever and pain at the injection site.



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WHAT IS THE TREATMENT?

There is currently no medicine that cures bronchiolitis. Exposure to **tobacco smoke** should be strictly **avoided** as it can worsen the symptoms.

In most cases it usually **improves within 2 weeks**, although the cough may last for longer.



GENERAL MEASURES

It will usually be a mild process that will be cured with general measures such as:



Nasal washes to keep the nose free of mucus.



Smaller, more frequent feeds to maintain proper nutrition and hydration.



Semi-upright position to facilitate breathing.



Antipyretics if fever is present.



Nasal
washes



Paracetamol



Ibuprofen

WHEN TO CONSULT YOUR PAEDIATRICIAN?

If you spot any of these symptoms, consult your paediatrician:

- Breathing becomes harder or increasingly faster.
- They stop breathing for a few seconds or the colour of the lips changes (blue-purple).
- They show difficulty in eating or they vomit.
- They do not wet their nappy and have a dry mouth and tongue (signs of dehydration).
- They shows signs of weakness.
- A very high fever.