



Bronchiolitis Care Packet

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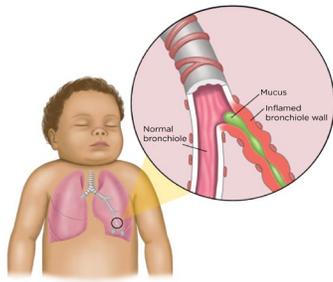
Bronchiolitis

How to Suction Your Baby's Nose - PE1732

Signs of Respiratory Distress in Your Infant - PE1736



Bronchiolitis



Bronchiolitis affects the tiny air tubes of the lungs called bronchioles.

What is bronchiolitis?

Bronchiolitis is a viral infection that causes the tiny airways in the lungs (bronchioles) to become inflamed and fill with mucus.

What are the symptoms of bronchiolitis?

The symptoms of bronchiolitis are similar to those of a common cold including runny nose, cough, and mild fever. In addition children with bronchiolitis may have trouble breathing (called “respiratory distress”).

How is bronchiolitis diagnosed?

No testing is needed to diagnose bronchiolitis. Bronchiolitis is usually diagnosed based on the symptoms and listening to your child’s lungs.

How is bronchiolitis treated in the hospital?

If your child is having severe difficulty breathing (called “severe respiratory distress”), low levels of oxygen in their blood, or if they are not drinking enough, they may need to be hospitalized.

In the hospital, treatment may include:

- Frequent suctioning of your child’s nose and mouth to help get rid of thick mucus secretions
- Oxygen therapy if oxygen levels are low
- Additional fluids if your child is unable to drink enough liquids

Medicines like antibiotics are NOT used because they have no effect on viruses, only bacteria.

How long will the symptoms last?

The worst symptoms of bronchiolitis will occur in the first week of illness, but the cough can last up to four weeks.

What should I do for my sick child at home?

- Make sure your child gets enough liquids.
- Suction your child’s nose with a bulb syringe or mouth-operated nasal aspirator before he/she eats, before periods of sleep, and if having trouble breathing.
- Do not allow your child to be exposed to cigarette smoke.
- Wash your hands often. This is the best way to stop the spread of germs, including viruses.

See the following pages:

How to Suction Your Baby’s Nose – PE1732

Signs of Respiratory Distress in Your Infant – PE1736



How to Suction Your Baby's Nose

When babies get cold viruses, they can get a lot of mucus in their nose. This is normal. If your baby's nose is so stuffy that is making it hard to breathe, you may want to suction mucus out of their nose. The best times to suction are right before your child eats, before periods of sleep, and if having trouble breathing.

There are two main kinds of devices you can use for suctioning: a bulb syringe and a nasal aspirator.

Steps for using a bulb syringe

1. **Gather supplies** (nose dropper, saline, baby blanket, changing pad).
2. **Get baby ready.** Put your child on their back. It may help to swaddle your baby in a blanket or have another person hold them to keep their hands down.



Swaddling keeps baby's hands away from face.

3. **Put saline in nose.** Put 2 to 3 drops of saline in one side of your baby's nose using the dropper (use 2 to 3 sprays if you have spray). Let the saline remain in the nose for 1 to 2 minutes before suctioning. You can buy saline at the drug store or make it at home by dissolving $\frac{1}{4}$ teaspoon of salt in $\frac{1}{2}$ cup of warm tap water. You should make a fresh batch each day and store it in a covered container.



Adding saline drops

4. **Squeeze the air out of the bulb syringe.**

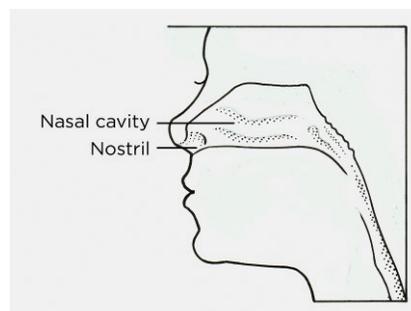


How to Suction Your Baby's Nose

5. **Insert bulb syringe.** Keeping the syringe squeezed, gently insert the rubber tip $\frac{1}{2}$ inch (no farther) into the nostril that you just put saline in.



6. **Slowly release squeeze.** While the tip is still in the nose, slowly release your squeeze on the bulb to suction out the mucus. Keep the syringe pointed straight toward the back of your baby's head. Do not angle upwards.



The nasal cavity is straight back, not up.

7. **Empty out mucus from bulb.** Remove the bulb syringe from the nose and squeeze it onto a tissue to force out the mucus.



8. **Wipe the bulb syringe and repeat steps 2 through 6 for the other nostril.**

9. **When you are done, clean the device.** Clean the bulb syringe with soapy water and rinse after use.



Steps for using a nasal aspirator (a mouth-operated suction device)

WARNING: This product contains small parts that can be a choking hazard. Keep out of the reach of children! Not a toy!

1. **Gather supplies** (nose dropper, saline, baby blanket, changing pad).
2. **Get baby ready.** Put your child on their back. It may help to swaddle your baby in a blanket or have another person hold them to keep their hands down.
3. **Put saline in nose.** Put 2 to 3 drops of saline in one side of your baby's nose using the dropper (or 2 to 3 sprays if you have spray). Let the saline remain in the nose for 1 to 2 minutes before suctioning. You can buy saline at the drug store or make it at home by dissolving $\frac{1}{4}$ teaspoon of salt in $\frac{1}{2}$ cup of warm tap water. You should make a fresh batch each day and store it in a covered container.
4. **Insert tip of nozzle into nose.** Place the nozzle of aspirator at the opening of the nostril. Put no more than $\frac{1}{2}$ inch of the aspirator tip up the nose.
5. **Suck.** Use your mouth to gently suck at the end of the mouthpiece. The device has a filter to prevent the mucus from entering your mouth.
6. **Repeat** steps 2 through 5 on your baby's other nostril.



How to Suction Your Baby's Nose

7. **Clean the device.** Take apart the device and clean the nasal aspirator with soapy water after use. Rinse and air dry.



To Learn More

- Ask your child's healthcare provider
- www.seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.

Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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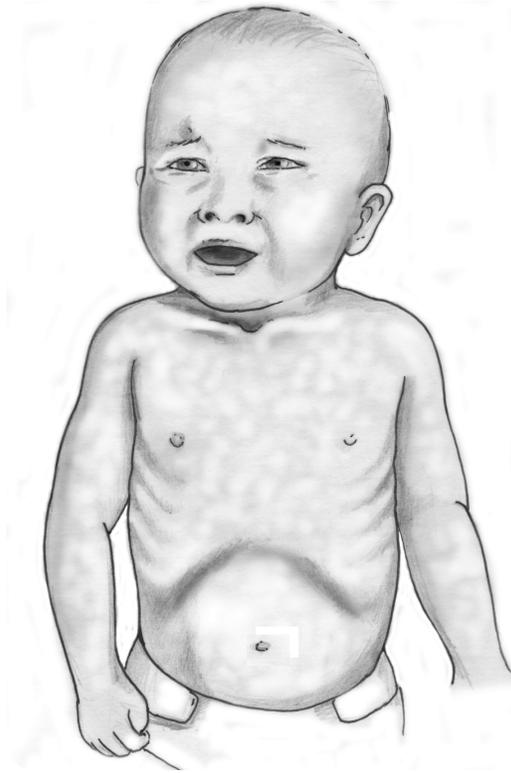
Signs of Respiratory Distress in Your Infant

In order to measure breathing trouble in your baby, you need to know the amount of “work” or effort your child is using to breathe:

1. Know your child’s normal breathing rate when sleeping. See next page to count breaths.
2. Know the important warning signs that show increased work of breathing.
3. **Call and speak with your healthcare provider if any of the physical or behavior signs below are present.**

What will my baby look like when they are breathing hard?

- Increased breathing rate (see next page)
- Stomach sucking in more than usual with breathing
- Retractions – skin pulling in around bones in chest (in neck, above collar bone, under breast bone, between and under ribs)
- Flaring of nostrils
- Head moving back and forth with each breath (head bobbing)
- Noisy breathing (wheezing, grunting, high-pitched noise when breathing in or out)
- Increased coughing or mucus
- Sweating – clammy skin
- Open mouth



What will my baby act like when they are breathing hard?

Because you know your child better than anyone else, you can look for signs or changes that show your child is working harder to breathe. In addition to the physical signs above, here are a few of the most common behavioral warning signs.

- Waking up from sleeping with cough or unable to sleep comfortably due to difficulty breathing
- Lethargy (acting tired and weak)
- Fussy, agitated behavior
- Eating less than normal or stopping to rest while eating
- Pulling off the breast or away from the bottle to take a breath

To Learn More

- Pulmonary
206-987-2174
- Ask your child’s healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

What the signs mean

- Nasal flaring - When nostrils spread open while your child breathes, they may be having to work harder to breathe.
- Wheezing - A whistling or musical sound of air trying to squeeze through a narrowed air tube. Usually heard when breathing out.
- Grunting - Grunting sound when breathing out. The grunting is the body's way of trying to keep air in the lungs so they will stay open.
- Retractions - Skin pulling in or tugging around bones in the chest (in neck, above collar bone, under breast bone, between and under ribs). Another way of trying to bring more air into the lungs.
- Sweating - There may be an increase of sweat on your child's head, but without their skin feeling warm to the touch. More often, their skin will feel cool or clammy. This may happen when their breathing rate is very fast.
- Skin color changes - A sign child is not getting enough oxygen. Pale, blue-gray color around lips and under eyes. This may not be visible on darker skin tones. Pay close attention to your child's breathing and behavior.

Early warning signs or changes that show your child is working harder to breathe

When should I call 911?

Your baby needs medical help right away if they have any one of these symptoms. Call 911 now if:

- They stop breathing for 15 seconds or longer (called "apnea")
- They have severe difficulty breathing
- They have blue-tinged skin (cyanosis) especially noticeable around the lips, fingernails and gums. This may not be visible on darker skin tones. Pay close attention to your child's breathing and behavior.
- You are unable to wake your baby

To find your child's breathing rate:

When your baby is sleeping, count the number of times their stomach rises and falls in 30 seconds. One rise and fall equals one breath. Double that number to get the breathing rate per minute.

When your child is having trouble breathing, they may breathe faster.

Breathing rates for infants

Normal breathing rates during sleep

Age	Breaths per minute
Birth to 1 year	30 to 60
1 year to 2 years	24 to 40

Abnormally high breathing rates

Age	Breaths per minute
Birth to 2 months	over 60
2 months to 1 year	over 50
1 year to 2 years	over 40