

# BRONCHIOLITIS IN CHILDREN V2.0

## Comments from the Expert Advisory Group

- Bronchiolitis typically occurs in infants <6 months old (but can occur up to 2 years of age)
- It is typically caused by respiratory syncytial virus (RSV) so there is no benefit from antibiotics.
- RSV levels are highest in Ireland during autumn and winter. Immunisation against RSV is the best way to protect against infection. [See information on RSV vaccination programme on HPSC website.](#)
- Bronchiolitis is a clinical diagnosis
- Children have prodromal coryzal symptoms for 1-3 days followed by:
  - Persistent cough
  - Tachypnoea and/or chest recession
  - Wheeze and/or bilateral crackles on chest auscultation
- Peak of illness is day 3 of lower respiratory tract infection (cough) rather than day 3 of coryzal symptoms.
- Associated symptoms include:
  - Fever (30%, usually low grade)
    - Fever >39°C is unusual so consider alternative diagnosis e.g. pneumonia (see below alternative diagnosis section)
  - Poor feeding (most common days 3-5)
    - May need urgent review by secondary care if fluid intake <60% normal
- Cough and wheeze associated with bronchiolitis can persist for up to 4 – 6 weeks.
  - There is still no benefit in giving these infants antibiotics for bronchiolitis as it will not help the cough to resolve sooner
- Risk factors for more severe bronchiolitis
  - <3 months of age
  - Born < 32 weeks gestation
  - Chronic lung/heart disease
  - Neuromuscular disorders
  - Immunodeficiency
  - Previous admissions with bronchiolitis
- Alternative diagnosis:
  - Consider pneumonia as an alternative diagnosis if temperature > 39 and/or persistent focal crackles
  - Consider viral-induced wheeze or early-onset asthma rather than bronchiolitis in older infants (over 1) and young children if they have persistent wheeze without crackles, recurrent episodic wheeze or history of atopy

## BRONCHIOLITIS IN CHILDREN V2.0

- Consider referring and transferring for admission to secondary care if any of the following:
  - Apnoea (observed or reported) which may actually be the presenting feature in very young babies (especially <6 weeks old)
  - Grunting
  - Central cyanosis
  - Marked chest/sternal recession
  - Tracheal tug/head bobbing
  - Respiratory rate >60 breaths/minute
  - Poor feeding (fluid intake <60% normal)
  - Dehydration (making no tears when crying, sunken fontanelle, dry lips, poor urine output)
  - Cold peripheries
  - Infant < 3 months and in the first 3 days of illness
  - Baby looks sick to a healthcare professional
  - O2 sats <95%

### Treatment

- Bronchiolitis is generally a self-limiting disease usually not requiring investigation or treatment.
- There is no evidence that any pharmacological medications provide benefit including:
  - Antibiotics, salbutamol, ipratropium bromide, montelukast, steroids, adrenaline, antivirals, saline nebs
- Some infants require hospitalisation as they require high flow humidified nasal O2 and support of feeding as required.

### Patient Information

- [HSE A-Z Bronchiolitis](#)
- [HSE A-Z RSV](#)