



Bronchiolitis: Treatment for Your Child in the Hospital May Include:

- Monitoring of your child's breathing rate, heart rate and temperature
- Oxygen therapy
- Frequent suctioning of your child's nose and mouth (to help get rid of thick secretions)
- Breathing treatments, as ordered by your child's physician
- Intravenous (IV) fluids or tube feedings if your child is unable to drink and eat well

Because the virus causing bronchiolitis can be spread to others all healthcare workers will be required to wear a mask, gown and gloves to enter your child's room. Everyone should wash their hands or use hand-sanitizer when entering and leaving your child's room to help prevent the spreading of germs.

Discharge from the hospital

Once your child starts improving, your child's care team will help you learn how to take care of your child at home.

You can plan on your child going home when:

- Your child is breathing comfortably
- Your child is no longer needing oxygen
- Your child is eating and drinking well
- There is someone in the home who can use a nasal bulb suction to keep your child's nose and mouth clear. Your nurse or respiratory therapist will help you learn how to use a nasal bulb suction.
- A follow-up appointment with your child's primary practitioner has been arranged
- And, most importantly, you are comfortable that your baby is ready for discharge

Bronchiolitis often lasts for two weeks and there is no treatment which can shorten the duration of cough. Cough medicines generally do not work or are not safe for children.



Your child should get better slowly on his or her own, but there is a small chance of them getting worse. If you think that your child is getting worse, please have them re-evaluated by your doctor.

No Smoking– Tobacco smoke makes coughing worse. Children who have respiratory infections are more likely to have trouble breathing if they are around tobacco smoke. Do not let anyone smoke around your child or inside your home or car.

When at home, call your doctor if your child has any of the following:

- Signs of dehydration like: dry mouth and cracked lips, urinating less than usual, crying without tears
- Working too hard to breathe
- Breathing too fast (generally more than 60 breaths per minute is too fast)
- Is pale
- Seems sleepier than usual
- Is eating much less than usual
- A high fever: 100.4 degrees Fahrenheit if your baby is less than 2 months old or 102.2 degrees Fahrenheit if your baby is over 2 months old
- Any time you have a concern that things aren't right

Seek emergency care if your child:

- Is blue at the fingertips or around the lips
- Has increased difficulty breathing or worsening cough
- Has difficulty waking up, shows confusion, or does not want to play
- Any time you feel your child needs immediate help

If you have any questions, do not hesitate to ask your child's nurse, respiratory therapist or doctors.

