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Bronchiolitis parent information rch

Breastfeeding and a smoke-free environment provide the best protection against bronchiolitis. Bronchiolitis is a common disease in the lungs - it causes breathing problems in children. Bronchiolitis is very easy to catch. Breastfeeding and a smoke-free environment give the best protection against bronchiolitis. It is usually a mild disease, but some sicker children must go to the hospital. There is no drug that makes bronchiolitis better. If your child with bronchiolitis is under 3 months, you should always consult a doctor. Bronchiolitis is a common disease usually caused by a virus. The most common are RSV (respiratory syncytial virus) and rhinovirus, but there are many viruses that can cause bronchiolitis. Bronchiolitis affects the smallest airways (called bronchioles) in the lungs. Can you catch bronchiolitis? Yes, bronchiolitis is very easy to catch - it can easily spread between children or from adults to children. It is most common in winter and spring. Who has bronchiolitis? Bronchiolitis usually affects babies under the age of 1 child who are around people who smoke are more likely to get severe bronchiolitis. It is more common in premature babies or babies with heart or lung problems. What are the signs and symptoms of bronchiolitis? Bronchiolitis often begins as a cold, with a runny nose. Babies with bronchiolitis may have a fever begin to cough quickly. Put a lot of extra effort in breathing. Have noisy breathing (wheezing). The second or third day of the thoracic part of the disease is usually the worst. Bronchiolitis can last a few days. Coughing often lasts between 10 and 14 days, but can last up to a month. When should I seek help for bronchiolitis? Check out signs that children are struggling to breathe. When do I have to see a doctor? You should consult your GP or go to an after-hours medical center if your child: is under 3 months old, breathing fast, breathes noisily and should make further efforts to breathe pale and bad is to take less than half of their normal food, is vomiting, did not have a wet diaper for more than 6 hours. You should consult also a doctor if you are worried about your child. Even if you have already seen your doctor, if your child's breathing worsens or you are worried, take your child back to the doctor. Even if you have already seen your doctor, if your child's shortness of breath worsens or you are worried, take your child back to the doctor. When should I call 911? Dial 111 in New Zealand (use the appropriate emergency number in other countries) and seek urgent medical help if your child: has blue lips and tongue, has severe breathing difficulties, becomes very sleepy and not easy to wake up, is very pale, is not breathing, which is not regular, or breaks in breathing. What is the treatment for bronchiolitis? Most children get better by themselves. Most children with bronchiolitis get better by themselves without any special medical treatment. Particular: do not help children with bronchiolitis because it is caused by an asthma puffer virus or inhalers. Do not help children with bronchiolitis using blue retriever asthma puffers or inhalers in children younger than 12 months of age. Can make breathing their steroid worst. Oral medicine or inhaler does not help children with bronchiolitis in children over 12 months of age. It can be hard to tell if the problem is bronchiolitis or viral wheeze - your doctor may try asthma puffers or inhalers. Children with more serious diseases may have to go to the hospital. Babies with more serious bronchiolitis may have to go to the hospital. Sometimes children need help with their breathing. This could include extra oxygen through small soft plastic tubes that fit into your child's nose. If your child is not drinking enough, they may need feeding through a nasogastric tube (a tube through the nose into the stomach) or fluid through an intravenous drip (into a vein). Can I take care of my baby with bronchiolitis at home? Babies who can stay at home. Babies who are feeding well. Children who don't look sick. Kids who aren't working too hard with their breath. Suggestions for taking care of your baby. Remember to sleep the baby back in their bed and not support them with pillows or blankets. Children with bronchiolitis may not be able to feed for as long as usual - provide slower feeds more often. Give your child as much rest as possible. Do not smoke in the house or around your child to keep the baby's nose clear - if it is blocked or crusty you can use saline drops. Nose (from a pharmacy) keep the child away from other children to stop the spread of bronchiolitis. If the child is miserable and upset, you can give paracetamol - you must follow the dosing instructions on the bottle; is it dangerous to give more than the recommended dosage can I prevent my child getting bronchiolitis? Breastfeeding your baby protects them from getting bronchiolitis by stimulating their infection by fighting (immune) system. Breastfeeding after the age of 4 months provides the best protection. Smoke-free environment. Make sure your child's environment is smoke-free. If you want to quit smoking: Call Free Quitline Me Mutu on 0800 778 778 or text 4006. Check out the Quitline website asking your professional health A warm house. Check our page. Keeping your home warm and dry. Keeping the house warm and well insulated will also reduce the child's risk of developing bronchiolitis. See our page. Keeping your house warm and dry. Stay away from people with coughs and colds. It is sensitive to keep young children away from people who have colds and coughs. Clean your hands. Make sure everyone in your family washes their hands regularly and thoroughly and dries them well, including (but not before) preparing food and eating. This can reduce the spread of infection. If my child had bronchiolitis, will they get asthma? Bronchiolitis is not the same as asthma. Most children with bronchiolitis do not continue to have asthma. Asthma is probably in children, if there are other family members with asthma. Disclaimer: This fact sheet is for educational purposes only. Please contact your doctor or other healthcare professional to make sure that this information is suitable for your child. Bronchiolitis is a common chest infection in young children. It usually causes a flu as a disease that affects infants in the first year of life. It's caused by several different viruses. Bronchiolitis occurs frequently in the winter months and rarely in summer. The virus infects the small breathing tubes (bronchioles) of the lungs. This causes them to become narrowed by mucus and inflammation, developing the disease? The disease starts like a cold. After a day or so, the child starts coughing, and the breath becomes fast and sounds noisy (wheezing). This rapid and wheezing breath can make it difficult to feed the child. Some children may need to be admitted to hospital because of these problems. The first symptoms your child may have are the same as a common cold. These symptoms last one to two days and include: a runny nose, a mild cough. These are followed by an increase in breathing problems, would be: fast breathing, poor feeding, noisy breathing (whispering breath) drawing in the chest with each breathing, fever. What can I wait once my child becomes sick? Babies with bronchiolitis are usually worse on the second or third day and are often sick for 7 to 10 days. Coughing can continue for up to 2 to 4 weeks. Are tests needed to diagnose bronchiolitis? A chest X-ray is not recommended, as it has been shown not to help with management in infants with bronchiolitis. Blood tests are generally not helpful. Are there any medications that could help? Medications do not usually help babies with bronchiolitis. Antibiotics are not administered because bronchiolitis is caused by a virus and antibiotics do not cure viruses. VentolinTM, AtroventTM or other puffers are not prescribed because they have been shown not to help as wheezing is not related to asthma. Steroids, such as PredmixTM or cortisone-based drugs also do not help. What else can I do for my child? Babies should rest and have frequent small feeds so that they do not get too tired when feeding and do not dehydrate. House management. Most children with bronchiolitis can be managed at home. Do not smoke in the house or around the child. This is especially important around children with any breathing problems. Encourage your child to rest. Give shorter breastfeeding/formula/water more frequently. This way, your child doesn't get too tired when feeding. If your child does not get enough can get dehydrated. You can give Paracetamol (for example, PanadolTM, DymadonTM, PanamaxTM) if your child has a temperature and is restless. Avoid contact with other babies in the first days, as bronchiolitis is an infectious disease. Give your child the recommended dose on the package for his age and weight. Hand washing helps prevent the prevention of spread of the virus. If your child is in difficulty and having trouble feeding, they may need to be admitted to the hospital. Hospital management may have to: Follow them closely to make sure they don't get more sick. Give them some extra oxygen. Give them additional fluids through a tube placed through the nose into the stomach or a drip into a vein. Is it going to happen again? Can. You may have bronchiolitis again, but most babies will have it once. Children exposed to second-hand smoke are more likely to develop a number of diseases, including bronchiolitis, compared to children living in smoke-free environments. If you smoke, you can choose not to smoke in front of children, especially in closed areas, would be the car and the house. Ask others to do the same. When to contact your doctor. Go to your nearest doctor or emergency department if your child has shortness of breath (very fast breathing or not regular), can not feed normally due to coughing or wheezing, turns blue or has pale, sweaty skin. Make an appointment for your child to see a doctor if: have a cough that gets worse, have less than half of their normal food or refuse food or drink, seem very tired or are more sleepy than usual, you're worried in some way. Remember: Babies need to rest and drink small amounts more often or have more frequent breastfeeding. Bronchiolitis is an infectious disease in the early days. It is more common in children under 6 months. Babies usually improve in 7 to 10 days, but coughing can continue for up to 2 to 4 weeks. It's a viral infection, so antibiotics won't help. Smoking in the house increases the chances that babies have bronchiolitis and will make things worse. Consult your doctor if your child has difficulty breathing, feeding or sleeping. Republished in part with permission of Pediatric Research in the Departments of Emergency International Collaboration (PREDICT), 15/08/2017. For publications recommended by the experts of our hospitals, please visit the Kids Health book store. Store.