



When to call your child's doctor?

RED FLAGS – Signs that should prompt you to call or see your child's doctor:

- › Your child's temperature is 100.4°F or higher.
- › Your child starts breathing hard, really fast or is short of breath.
- › Your child is unable to take a bottle, nurse or eat and is not having enough wet diapers.
- › Your child is not acting his/her usual self.
- › Your child has a new rash or any skin color changes (turning blue).
- › Your doctor's name and phone number:

When is your child ready to go home?

Your child is ready to go home when:

- › Your child is breathing comfortably.
- › Your child no longer requires oxygen.
- › Your child is eating and drinking well.
- › You can use a nasal bulb suction.
- › You have all medical supplies needed for your child's care at home, and all home care-related information has been provided by the staff.
- › A follow-up appointment with your child's primary doctor has been arranged.

What are important reminders for your child's home care?

- › You may need to take **time off work** during the start of the bronchiolitis illness to provide extra care for your child.
- › It is especially important that **no one smokes in the house** because your child has bronchiolitis, and smoking will make the child more ill.
- › It is important to **wash your hands** after holding or caring for your child to prevent spreading the infection to others, including yourself.
- › Use **saltwater (saline) nose drops and suction his/her nose** if your child's nose is stuffy before feedings or before you put him/her to sleep. You can buy saline nose drops at any drugstore, or you can make

the drops at home by adding 1/4 level teaspoon of salt to 8 ounces of warm water.

- › Do not give decongestant nose drops, antihistamines or other cold medicines unless instructed by your physician.
- › A stuffy nose and cough may last for one to three weeks.
- › Wheezing usually improves in two to five days but can last for up to two weeks.
- › Sleeping and eating routines may not return to normal until the illness has resolved.



BRONCHIOLITIS

What to expect during your child's hospitalization.

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What is bronchiolitis?

Bronchiolitis is a common illness caused by different viruses (you may hear names like RSV, influenza and adenovirus). It usually occurs during winter and early spring, but it can occur anytime of the year in Florida. Bronchiolitis most severely affects infants and young children but can cause a cold or bronchitis in adults. The virus causes the entire respiratory tract (from nose and throat to lungs), including the small air tubes of the lungs (bronchioles), to swell and fill with mucus. This infection may make it difficult for your child to nurse, eat or breathe easily. Typically, treatment is aimed at keeping your child comfortable. Antibiotics, steroids and medicines for wheezing are not needed. Bronchiolitis usually lasts about 10-14 days, though it may last just a few days or last several weeks.

What to expect during bronchiolitis hospitalization

Child's hospital progress:

- ▶ Your child will be admitted to the hospital, usually for no more than two or three days, but it can be longer depending on the severity of the illness.
- ▶ Your child will be cared for in a room where the hospital staff wear gowns, gloves and masks (called droplet and contact precautions) because viruses can easily be spread to others. Your child may share a room with another child on similar precautions. **Handwashing for all visitors is very important.** You should ALWAYS wash your hands after handling your child and before leaving your child's room and follow other required isolation procedures as requested by the staff. Please encourage others to do the same.
- ▶ Your child's temperature, heart rate, blood pressure and breathing will be checked regularly.
- ▶ Your child's blood oxygen level may be checked by a machine called an oximeter. The oximeter helps the doctor determine

whether your child needs oxygen or if the oxygen he/she is already receiving can be removed.

- ▶ If your child is wheezing, this is due to obstruction by cells and mucus in the small airways.
- ▶ The nurse or health care provider may use suction devices to keep your child's nose clear of mucus. It is important that you learn how to use the nasal bulb suction and help with your child's comfort.
- ▶ Your child will be given breast milk, formula or food, depending on what he/she can handle. If your child is breathing really fast, working hard to breathe or not taking enough fluids by mouth, we may stop regular oral feedings and start fluids given into a catheter in your child's vein or place a small feeding tube in your child's nose to provide nutrition. These will be stopped once the child drinks enough to keep well-hydrated and is more comfortable breathing.
- ▶ Nurses will measure the amount of fluids your child takes in (eats or drinks) and puts out (amount of urine and stools).

- ▶ Acetaminophen (like Tylenol™) may be used if your child is uncomfortable or has a fever.
- ▶ As your child starts improving, the doctors, nurses and respiratory therapists will teach you how to care for your child at home during this illness.

