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Bronchiolitis and RSV Season for Babies and Children

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It's not just the lower temperatures that give parents the chills during this time of year. The thought of a little one coughing and crying can also send a shiver up the spine.

Bronchiolitis and RSV season most commonly runs from January to April, but it is possible for children to have symptoms in early Fall or late Spring. These conditions are not the flu! "Flu" is short for Influenza virus. Flu symptoms are fever, cough, sore throat and body aches all over. Some people even call it the "Mack Truck Syndrome" because you feel like you've been hit by one of those massive vehicles.

What is it?

Bronchiolitis is a condition that occurs in the smaller airways of babies and young children. A virus infects the lungs and causes swelling and inflammation of those airways. Some children will seem to have a lot of chest congestion and coughing, while others will also have trouble breathing, resulting in lower oxygen levels in the body. With our higher altitude in Colorado and lower oxygen levels in the air, bronchiolitis can cause significant breathing problems for little ones.

RSV stands for Respiratory Syncytial Virus. It's a germ that can cause significant upper respiratory congestion and cold symptoms. It may also result in wheezing, spasm, and sickness in the lungs. This is a more severe form of bronchiolitis.

Symptoms

Symptoms of both bronchiolitis and RSV may or may not include fever or body aches. Usually, there is no sore throat and it primarily affect babies and children less than five-years-old. Premature babies are at the highest risk of infection. They require monthly shots to protect them from hospitalization or death.

These conditions start out with average cold symptoms and there is no way to predict if it will progress onto bronchiolitis. Coughing is a normal symptom of both. Often, babies and children have significant congestion in their noses and upper airways.

Since babies don't really breathe through their mouths until around age



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2, they may continue to try and breathe past significant nasal congestion. The “rattling” that occurs from this may be transmitted to the chest, making it seem as though they have developed an infection in the lungs.

Treatment

Simply using a humidifier and nasal saline applications frequently can often loosen up the thick, sticky secretions that plug the upper airways and nasal passages and allow babies/children to sneeze or cough them out. Here in Colorado, the air is so dry that secretions thicken pretty quickly. Staying on top of congestion can lessen a baby’s work to breathe. In addition, keeping a child hydrated can help loosen thick mucous or phlegm in the nose and lungs.

Many times, babies come to the emergency department with low oxygen counts and improve after a simple application of saline with a little bit of suction. This is very easy to do at home and avoid an ED visit. Be careful though! Too frequent suctioning can cause more swelling and congestion in the nose. The recommended procedure is to wash often, but keep suctioning to a minimum.

When to go to a doctor

Despite these efforts, if children begin to work hard to breathe, acting as if they can’t catch or take a deep breath, or if their chest sinks in between their ribs with each breath, then the child should be evaluated by their PCM or in the ED as soon as possible. If the baby’s lips, hands, or feet begin to turn blue, call 911.

Diagnosis of RSV is done by washing out the baby’s nose with saline and then suctioning the moistened mucous from the nose. A lab test is done on the phlegm.

There is very little difference in treatment between RSV and bronchiolitis. It’s based on the severity of the child’s symptoms and their oxygen count. Premature babies may need special care. Nearly all diagnosed cases will receive a short course of steroids, either by IV or by mouth. Appropriate doses of steroids based on the child’s weight can decrease swelling and inflammation in the lungs and help children improve.

Children whose oxygen level is low while they are awake usually have to be hospitalized so a close eye can be kept on their oxygen levels. We also do nasal saline washes in the hospital for babies who are admitted since



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they need to keep their upper airways clear. Otherwise, if oxygen levels are sufficiently high, children may be treated at home with follow-up by their clinic medical provider.

It's important to note that children with a family member who smokes, a family history of asthma, or a sibling who had bronchiolitis/RSV are also at higher risk for hospitalization.

If your baby was premature and is less than two years old, please contact your primary care provider as soon as possible to see if they qualify for the preventative Synagis monthly shots. These shots should begin in mid-to late November.

Keep in mind

Not every bad cold ends up becoming bronchiolitis or RSV! Keeping the upper airways clear of mucous, using a humidifier regularly for sleeping, and carefully watching your child can help you decide if it's a regular, bad cold or if it has progressed to difficulty breathing. Keep your babies and children hydrated and this will help keep their lungs healthier and help fight infection in our dry winter climate.