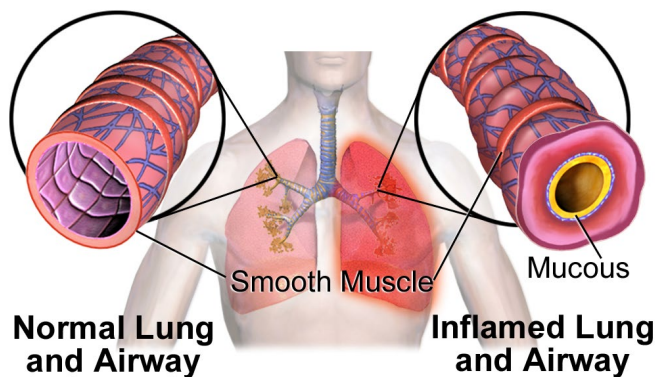


RSV and bronchiolitis

There are small airway tubes in the lungs called bronchioles. When the bronchioles become infected, we call it bronchiolitis (bron-kee-oh-LYE-tiss).

A virus called respiratory syncytial virus (RSV) sometimes causes bronchiolitis. RSV is a very common virus.

When infected, the airway tubes become swollen and filled with mucus. This can cause a stuffy nose, coughing, wheezing, or difficult breathing.



Medical gallery of Blausen Medical, 2014.



By their first birthday, 2 out of 3 infants will get RSV. It is the leading cause of hospitalization for infants.



Scan this QR code to learn more about the signs and symptoms.

Protection from RSV

Get your baby protected

There is a shot called nirsevimab (Beyfortus™) that can help protect against getting severe RSV. Nirsevimab is a medicine called an antibody. It is not a vaccine. It cannot give your child RSV. We can answer any questions you might have about this medicine.

We recommend a single shot of nirsevimab for:

- All infants younger than 8 months born during or entering their first RSV season (usually October to March).
- Infants and children aged 8 through 19 months who have a high risk of severe RSV disease and are entering their second RSV season. If your child was born prematurely, has a congenital heart or lung disease, immune problems, or is around tobacco smoke ask if they should get nirsevimab.

Common side effects of this shot include: rash, discomfort or pain, and redness, warmth, or swelling around the injection site.



More serious side effects include: severe rash, bluish skin color, muscle

weakness, or a hard time breathing or swallowing. Get medical help immediately if you notice any of these side effects.

Do not smoke around your children

Smoke irritates the airway tubes and will cause your child to have worse symptoms and take longer to get well.

Keep your hands and surfaces clean

Make sure that all your friends, family, and visitors wash their hands or use hand sanitizer before touching your baby. Clean high-touch surfaces often. For example, electronics, remotes, light switches, doorknobs, and countertops.

Caring for your child with bronchiolitis or RSV

Your child's body will fight off the virus. It will go away on its own, usually in 2 to 3 weeks. Always call your health care provider if you have questions or do not feel comfortable caring for your child at home. Your health care provider may order medicines for fever or other symptoms for your child's special needs. It is important to take only the medicine your health care provider orders.

We do not normally use these treatments for bronchiolitis or RSV.

- Cough or cold medicines - they do not work for bronchiolitis. They are not safe or recommended for children under 6 years old.

- Antibiotics - they do not kill the virus. They will not help infection go away.
- Breathing treatments - breathing treatments, such as Albuterol, do not help bronchiolitis. Only use these if your doctor has already prescribed them for another illness.

When to go to the doctor or call 911

Even if you have a negative RSV test, call your health care provider right away if your child:

- Is having a harder time breathing.
- Is not eating or drinking as usual.
- Is sleepy, drowsy, or less active.
- Is crying or restless and cannot be calmed down.
- Has a fever over 100.4°F or 38.0°C.

Always call if you are concerned or worried about your child's fever.



Call 911 or go to the emergency room if your child:

- Has pale skin or a blue color around nail bed or lips.
- Is breathing fast and shallow.
- Is struggling for each breath.
- Is making a grunting sound when breathing in and out.
- Has a limp or floppy body.
- Is sleepy all the time, even after a nap.
- Looks like the space between the ribs is sinking in with each breath.
- Is younger than 3 months and has a fever over 100.4°F or 38.0°C.

What you can do at home to help your child feel better

Have your child drink a lot of fluids. This helps make the mucus in the nose thinner. Offer small amounts of fluids often. Ask us about using Pedialyte™. Sometimes it is easier to drink than milk or formula. Only use it if we tell you it is okay.



Watch for signs of not drinking enough fluids (dehydration):

- No tears when crying
- Fewer wet diapers
- Dry mouth, tongue, or lips
- Dark colored urine
- Dry skin

Clear the mucus out of your child's nose to help them breathe more easily. We call this process "suctioning." There are two ways to suction your child's nose.

The first step is to squeeze 2 to 3 drops of saline nose drops into each side of nose to help thin the mucus.

Do not use water.

Suctioning using a bulb syringe



Squeeze the air out of the bulb syringe away from the child.



Gently put the tip of the syringe into the nose. Do not force the tip too far into the nose.



Keeping the tip in the nose, slowly let the bulb fill with air. This will suck out the mucus. Remove the tip from the nose and blow the mucus out.

Repeat on the other side of the nose.

Suctioning using a nasal aspirator



Put filter in place. Use a new disposable filter to prevent spreading the virus.



Place end of large tube against child's nostril to create a seal. Ask about the best way to create a good seal for suctioning.



Suck on mouthpiece to remove mucus.

Repeat on the other side of the nose.

After you are done, clean the bulb syringe or aspirator. Do not share it between children or use it for another illness.

These instructions are only general guidelines. Your healthcare provider may give you special instructions. If you have questions or concerns, please call your healthcare provider.