

Bronchiolitis in the infant

- RSV is the commonest cause - 75%
 - 90% are younger than 1 year
 - Wheezing is often present
 - There is a history of clear coryza and dry cough
 - The chest is hyperinflated
 - In one third, the upper lobes are consolidated
 - Breathing is disorganised, with periods of apnea
 - Management is usually supportive
- **Initial management:**
 - Use sucker to suck out the nose
 - Give high flow oxygen
 - Maintain hydration and nutrition: sucking is too stressful
 - Monitor for hypoventilation in the under-2-month-old
 - **Recurrent apnoea? Hypercapnia? Exhaustion? → INTUBATE THEM (2% will need this)**

In bronchiolitis, there is no evidence for bronchodilators, steroids or antibiotics.

Most children will recover in 2 weeks

About 50% will have recurrent cough over the next 3-5 years

Very few will have bronchiolitis obliterans, and permanent damage

RISK FACTORS FOR A MORE SEVERE BRONCHIOLITIS:

- Younger than 6 weeks
- Prematurity
- Chronic lung disease
- Congenital heart disease
- Immune compromise

How do I tell if this is bronchiolitis or heart failure?

- There is NO MURMUR in bronchiolitis
- CXR = hyperinflation
- Heart looks SMALL in bronchiolitis