			approximately 6 months old
Etiologic agents	Most often viruses such as RSV in infants but may be any of a variety of URI pathogens	Usually viral Other agents (e.g., bacteria, fungi, allergic disorders, airborne irritants) can trigger symptoms	Viruses, predominantly RSV; also adenoviruses, parainfluenza viruses, human metapneumovirus, and *Mycoplasma pneumoniae*
Predominant characteristics	Wheezing, cough, labored respirations	Persistent dry, hacking cough (worse at night) becoming productive in 2 to 3 days	Labored respirations, poor feeding, cough, tachypnea, retractions and flaring nares, emphysema, increased nasal mucus, wheezing, may have fever
Treatment	Inhaled corticosteroids, bronchodilators, leukotriene modifiers, allergen and "triggers" control, long-term antiinflammatory medications	Cough suppressants if needed	Supplemental oxygen if saturations ≤90%; bronchodilators (optional) Suctioning nasopharynx Ensure adequate fluid intake Maintain adequate oxygenation

*See Asthma later in this chapter.

RSV, Respiratory syncytial virus; *URI*, upper respiratory infection.

Bronchitis

Bronchitis (sometimes referred to as **tracheobronchitis**) is inflammation of the large airways (trachea and bronchi), which is frequently associated with URIs. Viral agents are the primary cause of the disease, although *M. pneumoniae* is a common cause in children older than 6 years of age. A dry, hacking, nonproductive cough that worsens at night and becomes productive in 2 or 3 days characterizes this condition.

Bronchitis is a mild, self-limiting disease that requires only symptomatic treatment, including analgesics, antipyretics, and humidity. Cough suppressants may be useful to allow rest but can interfere with clearance of secretions. Most patients recover uneventfully in 5 to 10 days. It can be associated with other underlying conditions (such as CF and bronchiectasis) and can become chronic in nature (cough >3 months). Adolescents with chronic bronchitis (>3 months) should be screened for tobacco or marijuana use.