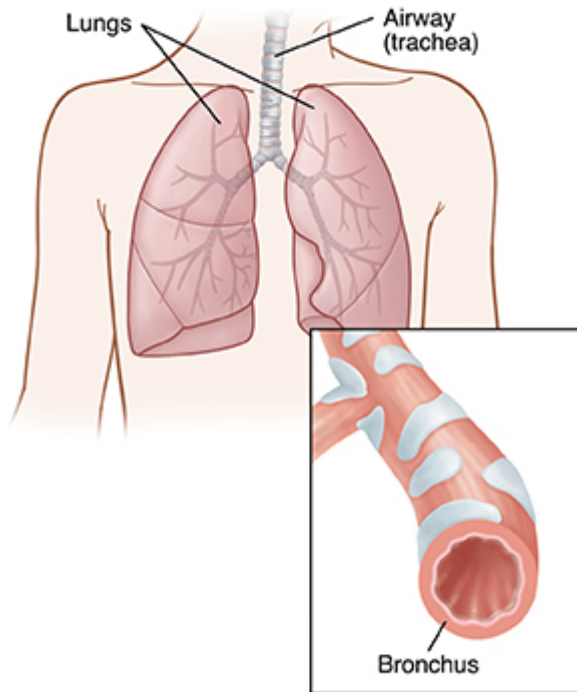


Bronchitis, Antibiotics (Child)



Bronchitis is inflammation and swelling of the air passages (bronchial tubes) in the lungs. This is often caused by an infection. Symptoms include a dry, hacking cough that is worse at night. The cough may bring up yellow-green mucus. Your child may also breathe fast, be short of breath, or wheeze. They may have a fever. Other symptoms may include tiredness, chest discomfort, and chills.



This illness can be spread to other people in the first few days. It is spread through the air by coughing and sneezing. It is also spread by direct contact. This means touching the sick person and then touching your own eyes, nose, or mouth.

Your child's bronchitis is caused by bacteria. This is treated with antibiotic medicine. Medicines may also be given to help relieve symptoms. Symptoms can last up to 2 weeks. The cough may last much longer.

Home care

Follow the guidelines below when caring for your child at home.

Basic care tips

- Wash your hands well with soap and clean, running water before and after caring for your child. This is to help prevent spreading the infection.
- Keep your child away from tobacco smoke. It can make your child's symptoms worse.

Giving medicines

- Give the antibiotic medicine to your child exactly as directed. Do not stop giving it, even when your child feels better. Make sure they finish all of the antibiotic medicine.

- Your child may be prescribed bronchodilator medicine. This is to help with breathing. It may come as a spray or inhaler. It may be a liquid inhaled from a device called a nebulizer. Have your child use the medicine exactly at the times advised. Follow all instructions for giving these medicines to your child.
- Your child's healthcare provider may prescribe medicine for cough, pain, or fever.
- Or you may use over-the-counter medicine based on age and weight for fever or pain. If your child has liver or kidney disease, talk with the healthcare provider before giving these medicines. Tell the provider if your child has had a stomach ulcer or bleeding in the stomach or intestines.
- Do not give your child aspirin. Never give aspirin to anyone younger than age 18 who has a virus or fever. It may cause severe liver or brain damage, or death.
- Don't give your child any other medicine without first asking the healthcare provider.
- Don't give a child under age 6 cough or cold medicine unless the provider tells you to do so. These don't help young children. They may cause serious side effects.

Treating congestion

- You may be told to use saltwater (saline) nose drops. These are to help thin mucus in the nose. You don't need a prescription. You can also use 1/4 teaspoon of table salt mixed well in 1 cup of water. You may put 2 to 3 drops of saline drops in each nostril before having your child blow their nose. Use these before your child eats or sleeps.
- Help your older child blow their nose correctly. Wash your hands after touching used tissues.
- For younger children, use saline nose drops and a small bulb syringe to suction mucus from the nose. Talk with the healthcare provider or pharmacist if you don't know how to use a bulb syringe. Wash your hands after using a bulb syringe or touching used tissues.
- To make breathing easier during sleep, use a cool-mist humidifier in your child's bedroom. Clean and dry the humidifier every day. This is to prevent bacteria and mold growth. Don't use a hot-water vaporizer. It can cause burns.
- Your child may feel more comfortable sitting in a steamy bathroom for up to 10 minutes.

Giving liquids

- Have your child drink plenty of liquids. This is to prevent dehydration and help loosen lung mucus.
- **Children 1 year and older:** They may prefer cold drinks, frozen desserts, or ice pops. They may also like warm soup or drinks with lemon and honey. Don't give honey to a child younger than 1 year old.
- **For a baby under 1 year old:** Give small amounts of breastmilk, formula, or oral rehydration solution to your baby. Use a medicine dropper if needed. Give 1 to 2 teaspoons every 10 to 15 minutes. A baby may only be able to feed for short amounts of time. If you are breastfeeding, pump and store milk to use later. Give your child oral rehydration solution between feedings. You can buy this at grocery stores and drugstores. You don't need a prescription.

Helping with sleep

- Give your child plenty of time to rest. Trouble sleeping is common with this illness.
- **Children 1 year and older:** Have your child sleep in a slightly upright position. This is to help make breathing easier. If possible, raise the head of the bed slightly. Or raise your older child's head and upper body up with extra pillows. Talk with your healthcare provider about how far to raise your child's head.
- **For a baby under 1 year old:** Never use pillows or put your baby to sleep on their stomach or side. Babies younger than 12 months should sleep on a flat surface on their back. Don't use car seats,

strollers, swings, baby carriers, and baby slings for sleep. If your baby falls asleep in one of these, move them to a flat, firm surface as soon as you can.

Follow-up care

Follow up with your child's healthcare provider as advised.

When to get medical care

Call your child's healthcare provider right away if any of these occur:

- Fever (see Fever and children, below)
- Symptoms don't get better in 2 to 3 days
- Symptoms get worse
- Breathing doesn't get better in several days
- Your child loses their appetite or feeds poorly
- Your child shows signs of dehydration, such as dry mouth, crying with no tears, or urinating less than normal

Call 911

Call 911 if any of these occur:

- Trouble breathing that gets worse
- Wheezing that gets worse
- Extreme drowsiness or trouble awakening
- Confusion
- Fainting
- Coughing up blood
- Lips or skin look blue, purple, or gray
- Unable to talk or respond

Fever and children

Use a digital thermometer to check your child's temperature. Don't use a mercury thermometer. There are different kinds and uses of digital thermometers. They include:

- **Rectal.** For children younger than 3 years, a rectal temperature is the most accurate.
- **Forehead (temporal).** This works for children age 3 months and older. If a child under 3 months old has signs of illness, this can be used for a first pass. The provider may want to confirm with a rectal temperature.
- **Ear (tympanic).** Ear temperatures are accurate after 6 months of age, but not before.
- **Armpit (axillary).** This is the least reliable but may be used for a first pass to check a child of any age with signs of illness. The provider may want to confirm with a rectal temperature.

- **Mouth (oral).** Don't use a thermometer in your child's mouth until they are at least 4 years old.

Use the rectal thermometer with care. Follow the product maker's directions for correct use. Insert it gently. Label it and make sure it's not used in the mouth. It may pass on germs from the stool. If you don't feel OK using a rectal thermometer, ask the healthcare provider what type to use instead. When you talk with any healthcare provider about your child's fever, tell them which type you used.

Below are guidelines to know if your young child has a fever. Your child's healthcare provider may give you different numbers for your child. Follow your provider's specific instructions.

Fever readings for a baby under 3 months old:

- First, ask your child's healthcare provider how you should take the temperature.
- Rectal or forehead: 100.4°F (38°C) or higher
- Armpit: 99°F (37.2°C) or higher

Fever readings for a child age 3 months to 36 months (3 years):

- Rectal, forehead, or ear: 102°F (38.9°C) or higher
- Armpit: 101°F (38.3°C) or higher

Call the healthcare provider in these cases:

- Repeated temperature of 104°F (40°C) or higher in a child of any age
- Fever of 100.4° F (38°C) or higher in baby younger than 3 months
- Fever that lasts more than 24 hours in a child under age 2
- Fever that lasts for 3 days in a child age 2 or older

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