

Bronchiolitis

Bronchiolitis is a common chest infection in babies and young children. It's caused by a virus called [respiratory syncytial virus \(RSV\)](#). This virus spreads when someone coughs or sneezes.

It affects babies and young children under 2 years old, especially babies under 6 months old.

Most cases are mild and clear up within 2 to 3 weeks without treatment. Sometimes it can be more serious and children with bronchiolitis will need to be cared for in hospital.

Antibiotics are not needed and will not help to treat it.

RSV immunisation has been introduced for newborn babies. This will help protect them from RSV over winter months.

[RSV immunisation for newborns](#)

Symptoms

Bronchiolitis usually begins like a cold.

Your child might have a:

- runny nose
- blocked nose
- mild fever (temperature of 38 degrees Celsius)
- slight cough

Further symptoms usually develop over the next few days, including:

- mild fever (temperature of 38 degrees Celsius)
- a dry and persistent cough
- rapid or noisy breathing (wheezing)
- feeding less
- fewer wet nappies
- vomiting after feeding
- being irritable

When to get medical help

Most children with bronchiolitis can be cared for at home.

But keep a close eye on your child. Symptoms can get worse quickly. Your child may need hospital treatment.

Call 999 or 112 or go to your nearest emergency department if your child:

- is having visible difficulty breathing - their nostrils are getting wider as they breathe, or their ribs are sucking in
- has gone blue on their lips or tongue
- will not stay awake or wake up
- has long gaps in breathing (more than 10 seconds at a time or regular short gaps in breathing of 5 to 10 seconds)
- is breathing a lot faster than usual (more than 60 breaths per minute)
- is pale and sweaty
- has had a dry nappy for 12 hours or more

Go to a GP or emergency department (ED) urgently if your child has symptoms and:

- was premature (born before 37 weeks)
- is younger than 2 months
- has heart or lung disease
- has an immune deficiency (weakened immune system)

Contact your GP if:

- you're worried about your child
- your baby has had less than 3 to 4 wet nappies in a 24 hour period
- your baby has gone 12 hours without having a wet nappy
- your baby has no energy to breastfeed, or if they are refusing to feed. Or if your baby is too breathless to attach to your breast
- you are bottle feeding and you notice your baby is taking less than half of what they would normally take
- your child has a persistent [temperature of 38C or higher](#)
- your child seems breathless
- your child is listless or irritable

Diagnosis

Your GP will usually make a diagnosis based on:

- asking about your child's symptoms and how long they've had them
- listening to your child's breathing using a stethoscope to check for any crackling or high-pitched wheezing

Checking for dehydration

You GP might look for signs of [dehydration](#) if your child hasn't been feeding well or has been vomiting, for example:

- dry mouth and skin
- drowsiness
- producing little or no urine
- the soft spot on their head (fontanelle) looks like it has sunk inwards (sunken fontanelle)

When your child might be admitted to hospital

Your GP may refer your child to hospital if they're:

- not feeding properly
- dehydrated
- having problems breathing

Your GP may refer your child to the paediatric emergency department if they feel that your child needs support for breathing or feeding.

Treat your child at home

You can usually care for your child at home if your child has mild, cold-like symptoms and is recovering well.

There's no specific treatment for bronchiolitis. It will usually clear up on its own after 2 to 3 weeks.

Do the following for your child as part of your at-home care:

- Check on them often, day and night.
- Contact your GP if their symptoms get worse.
- Give them as much chance to rest as possible.
- Keep them upright to help them breathe and feed.
- Offer your child their usual milk feeds. They may need to take smaller amounts more often.
- You may need to give your child extra water or fruit juice to stop them getting dehydrated.

- Keep the air moist - making your home too warm will dry out the air.

⚠ Avoid smoking around your child

Smoke from cigarettes or other tobacco products will make your child's symptoms worse.

Do not let anyone else smoke around your child.

[Sign up for a Quit Plan to get free help and support to stop smoking](#)

Keep your child away from other small children

The virus that causes bronchiolitis can spread to other children. So if your child has bronchiolitis, keep them at home until they have no symptoms and their temperature has returned to normal.

Feed your child little and often

Babies with bronchiolitis can become very tired when feeding.

You should:

- offer breastfeeds frequently if you're breastfeeding
- give smaller feeds more often if you're bottle feeding

Provide milk feeds and plenty to drink if your child is older than 6 months. Do not worry if they do not want to eat. The most important thing is that they are drinking.

You may need to give toddlers extra fluids to stop them becoming dehydrated.

Use nasal drops

You can use saline drops or saline nasal spray on your baby before each feed.

Place a couple of drops of saline in your child's nose before they feed to help relieve a blocked nose.

Your pharmacist will tell you which drops are suitable for your baby.

Dealing with fever

If your child is uncomfortable with their high temperature, you can give them medicine to help reduce their temperature. You could give them liquid infant paracetamol. Or, if they are older than 3 months, you can give them liquid ibuprofen.

Chat to your pharmacist for advice. Always read the label.

Do not underdress or overdress your child. Care for them in comfortable, loose clothing. Do not sponge them or bathe them in cool or lukewarm water.

Look after yourself

Babies and small children with bronchiolitis often do not sleep well at night. The cough can seem to get worse at night.

Ask friends or family to help you so that you can get some rest.

Reduce the risk of bronchiolitis

You cannot prevent bronchiolitis but you can reduce the chance of infection and spread by doing the following:

- keep young children away from people who are sick with coughs and colds as much as possible
- ask people not to visit if they have cold or flu symptoms, even if they do not feel unwell
- cover your child's nose and mouth when they cough or sneeze
- once used, throw tissues away
- clean your hands and your child's often - ask anyone in contact with your child to clean their hands first
- wash and dry forks, knives and spoons after use
- keep infected children at home until symptoms have improved
- wash or wipe toys and surfaces often
- avoid smoking around your child, and do not let others smoke around them

Breastfeeding and bronchiolitis

Breastfeeding your baby may prevent them from getting bronchiolitis. This is because babies get special proteins called antibodies from breastmilk. Antibodies can protect your child from infection.

Helping children at high risk of severe bronchiolitis

Children with existing health problems or who were born premature are at high risk of severe bronchiolitis. They might get monthly antibody injections. This will reduce the severity of an infection.

Long-term effects

Bronchiolitis does not usually cause long-term breathing problems. But it can damage cells in your child's airways. This can last for 3 to 4 months and cause ongoing wheezing and coughing.

There may be a link between bronchiolitis and respiratory conditions in later life.

Research has found that some children who get repeated bouts of bronchiolitis might be more prone to getting asthma when they are older. But it is not clear whether it is bronchiolitis or other factors that

have caused this.

Content supplied by the [NHS](#) and adapted for Ireland by the HSE

Page last reviewed: 9 November 2021

Next review due: 9 November 2024

Sláintecare.

This project has received funding from the Government of Ireland's Sláintecare Integration Fund 2019 under Grant Agreement Number 8.

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