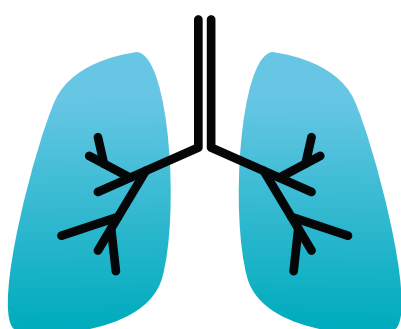


BRONCHIOLITIS

WHAT?



- Viral infection of the bronchioles (small airways) resulting in inflammation, oedema & excessive secretions
- Caused by RSV
- Commonest in winter
- Age: most commonly 3-6 months
- Risk Factors: Premature, CHD, immunodeficiency

PRESENTATION

- Coryzal symptoms
- Cough
- Mild Fever
- Progression to respiratory distress with:
 - Dry cough
 - Poor feeding
 - Dyspnoea
 - Wheeze
- Cyanosis
- Dehydration
- Tachypnoea (>50/min)
- Nasal flaring & Grunting
- Subcostal & intercostal recession
- Hyper-inflated chest
- Tachycardia
- Inspiratory crackles



INVESTIGATIONS



- Pulse oximetry
- Pulse & CRT
- Nasopharyngeal swab
- Consider CXR if progressive, atypical or severe illness
 - hyperinflation, atelectasis, consolidation
- Don't do routine blood tests unless infant is febrile or an alternative diagnosis is more likely

DIFFERENTIAL DIAGNOSES

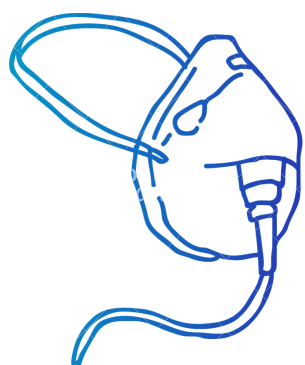
- Congenital Heart Disease
- Asthma
- Pneumonia
- Cystic fibrosis
- Inhaled foreign body
- Septicaemia



MANAGEMENT

SUPPORTIVE

- Oxygen (aim SpO2 >92%)
- Limit oral feeds & use a NGT if tachypnoeic
- IV fluid bolus of 20mL/kg if severe dehydration
- Nasal suction
- Mechanical ventilation for severe respiratory distress / apnoea
- Inhaled bronchodilators may achieve short-term clinical improvement in a minority



PICU REFERRAL AND VENTILATORY SUPPORT

Indicated for those with:

- Recurrent apnoea
- Persistent acidosis pH <7.25
- ↓ Conscious level
- Poor chest wall movement
- Low SaO2 (<92%) despite FiO2 >60%
- Hypercapnoea

