

MORE THAN JUST A COLD



What to do when your child
has a cold and is having
difficulty breathing



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This eBook was created by ECHO and ARCHE,
in collaboration with TREKK.

It was made with funding from the Networks of Centres of Excellence of
Canada (NCE) and the Women and Children's Health Research Institute
(WCHRI).

Some of the health information was adapted from Alberta Health
Services 'HEAL' and 'MyHealth' websites.

Special thanks to Debby Waldman (writer), Sergio Drumond
(illustrator), and Jeff Allen Productions (publishing).

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“Daaaaaad!!” I heard Maia yell. She was standing next to the crib, holding her baby sister. “Abi wiped Rose’s nose so hard she made her cry!”

“I had to wipe hard.” Abigail said. “All that gunk was coming out of her nose. If I didn’t wipe it, it would have stuck to her face!”

“Girls, that’s enough!” I said, taking Rose from Maia’s arms.

This cold had lasted for two days. Rose’s sniffles seemed never-ending and her cries could turn into nonstop coughing without warning.



I tried to get Rose to take a bottle, but she turned her head away and kept crying. I rocked her back and forth, I walked with her, I rubbed her head, and I patted her back. Nothing could calm her down. Then she started coughing again.

“Do you think she needs to go to the doctor?” Abigail asked, looking anxious.

“I don’t know, but we’ll ask a nurse.” I said, as I called the **i 24-hour health information line**. It would be a lot easier to go to the hospital in the morning when the girls were at school.

The nurse asked about Rose’s **i symptoms** and how long she had been sick. When I said that Rose couldn’t stop coughing long enough to take a bottle, she said I should **i go to the hospital**.



When we arrived at the emergency department, Rose was breathing easier but her nose was still running. Calm at last, she looked like any three-month-old with a cold.

The **i** triage nurse took Rose's **i** temperature and checked her **i** breathing.

"You were smart to bring your baby in right away." The nurse told me. "How is her appetite? Is she feeding normally?"

"She hasn't been very hungry." I admitted.

"Has she still been having wet diapers?" she asked.

I hadn't changed Rose's diaper in hours. Both times I'd checked it had been dry. "She's been wearing the same diaper since lunchtime," I said. "It's not wet. Should I have changed it?"

"She's probably not drinking enough," she said. "She's putting all her effort into breathing, and it's too hard for her to breathe while feeding."



“This sounds like a respiratory infection,” she said, listening to Rose’s chest. “She might have **i bronchiolitis**. It’s a **i viral infection** that affects the way we breathe. It’s been going around the past few weeks.”

“Aren’t viruses **i contagious**? Are her sisters going to catch it?” I asked.

“It is contagious, but if you or Rose’s sisters catch it, it will seem like an **i ordinary cold**; you might get the sniffles and a cough, but that’s about all.”

“She was really having a hard time breathing! Is that normal?” I asked.

“Bronchiolitis is particularly hard on **i babies and young children** under the age of two,” the nurse explained. “Their airways are already small, and the infection makes the airways swell and fill with mucus. That’s why Rose can’t breathe easily. Why don’t you all have a seat in the waiting room, and we will take you to a treatment area when a room opens up.”



I tried to keep the girls distracted while we waited for what felt like hours. Then Rose started coughing again, uncontrollably. I carried her back up to the triage desk, Abigail and Maia trailing behind me.

“She’s having troubles breathing again!” I said to the nurse at the triage station.

The nurse placed his stethoscope against Rose’s chest and listened. “She is very **i** wheezy,” he said, “keep holding her on your lap with her head up, that will make it easier for her to breathe.”

“How much longer will we have to wait to see a doctor?” I asked.

“We try to see patients in order of how sick they are. You’re next in line, so you shouldn’t have to wait much longer.”



A little while later, another nurse led us through to a treatment room. He listened to Rose's chest again and asked me a lot of questions. Was Rose born prematurely? Did she have any other health problems? The answer to all his questions was "no."

"What does any of that have to do with her having this virus?" I asked.

"Other **i** conditions can make bronchiolitis more severe," he explained. "Sometimes babies who are born with health conditions or who are born prematurely can have more severe symptoms or can have complications. I'm going to get an oxygen tank to help Rose breathe easier, and a doctor will be with you soon."

"But don't you need to do some more tests or an x-ray or something?" I asked.

"We don't usually do lab tests or X-rays for children with bronchiolitis. We provide what's called **i** 'supportive care'," he explained. "We will do our best to keep Rose comfortable and help her with her breathing, until her oxygen saturation levels have increased."



“Can’t you give her **i** **antibiotics** or something to help the infection go away?” I asked.

He shook his head. “Antibiotics are for bacterial infections. Bronchiolitis doesn’t respond to that type of medication.”

The doctor arrived and explained what she would do to help Rose.

“I’m going to clean out her nose, and then we are going to give her **i** **oxygen** to help her breathe easier,” the doctor said. As she hooked up some tubing to the wall she said “I’m going to use a saline solution—just salt and water—and suction. At home, you can do this using a **i** **nasal aspirator**, or what some people call a ‘snot sucker’.”

“Does that hurt?” I asked.

“It will be uncomfortable, but it won’t take long,” the doctor said. Rose squirmed as the saline drops went into her nose, but it was nothing compared to the loud cry she let out when the suctioning started.



“What’s that lady doing?” Maia demanded.

“I’m just cleaning out Rose’s nose.” said the doctor, “Now we can give her oxygen to help her breathe.”

The doctor held up some clear rubber tubing with two short, skinny ends sticking out of its middle. “These are called nasal prongs,” she explained as she placed the prongs into Rose’s nostrils. “Now we’re going to hook up this tubing to the oxygen, and in a few minutes Rose should start breathing more easily.”

“Is she going to need that for the rest of her life?” Maia asked. “I thought only old people had those things.”

“These are for anyone who is having trouble getting enough oxygen on their own.” The doctor said. “Rose will probably only need them for a short while, until she can breathe easier. We’ll keep her here overnight, and if she’s breathing well on her own tomorrow, she can go back home.”



“A nurse will be coming by to check in on Rose,” she explained to me. “If a room opens up in the pediatric unit, we will move you there overnight. And if everything goes well she should be able to go home in the morning.”

“How **i** long do you think she will be sick for? Is there anything I can do to help her?” I asked.

“She will probably get better within the week.” she said as she handed me a piece of paper. “Here is some information on how to keep her comfortable when you get back home. Remember to keep her upright as much as possible,” she said, “because that will make it easier for her to breathe. Suctioning her nose will also help make it easier for her to breathe.”

“How often should I do that?” I asked.



“Whenever you see she has a lot of snot, or whenever she’s having a hard time breathing through her nose” she said. “Try to make sure she keeps feeding; she needs to drink as much fluid as possible.”

Another nurse came in a few hours later and told us we were being moved to the pediatric unit. He let us know there were several clinical studies about bronchiolitis going on, and that research would improve children’s experiences with bronchiolitis.

We had a long and sleepless night, but the next morning we were able to go home. As we were getting ready to leave, the nurse came in.

“Rose might still be coughing for a few days, even after she’s feeling better.” he explained. “Here are some tips to know when you should come back to the emergency department, and when you should see a doctor.”

Bronchiolitis Symptoms and Treatment

(adapted from Alberta Health Services)

Symptoms are worst in the first 5 days. Most children get better in 1-2 weeks. In some children the cough may continue for a few weeks even though they are feeling better.

Symptoms:

- Common cold symptoms (runny nose, mild cough, fever, decreased appetite)
- Wheezing
- Fast breathing
- Indrawing (skin being sucked in at the neck, collarbones, or between the ribs with each breath)
- Vomiting after coughing
- Difficulty feeding (especially babies less than 6 months old)

Children with bronchiolitis can usually be managed at home. There is no medication that treats the infection. Antibiotics will not work since this is a viral infection.

Seek immediate medical attention if your child:

- Looks blue around the lips
- Is having trouble breathing (look for pulling of the skin around the neck and between the ribs, or for wheezing sounds when they breathe)
- Is breathing very fast or looks very uncomfortable when breathing
- Is dehydrated (look for dry mouth, sunken eyes, no tears, no pee/no wet diapers, or a sunken fontanelle in babies)
- Is less than 3 months old and has a fever
- Is very sleepy and difficult to wake up

Bronchiolitis Home Care Tips

(adapted from Alberta Health Services)

How to keep your child comfortable at home:

1. Coughing:
 - Keeping your child sitting or upright when awake may make it easier for them to breathe.
 - Cool mist humidifiers may help lessen congestion. Use humidifiers as directed by the manufacturer and keep out of reach of children.
 - Over the counter cough medications can have harmful side effects in children. They are NOT recommended in children under six years of age.
2. Nasal congestion:
 - Cleaning out your child's nose makes breathing and feeding easier
 - Use an over the counter nasal aspirator or bulb syringe with salt water (eg: Hydrasense™). Spray or drop salt water in each nostril and suck out the mucus.
 - Clean their nose before feeds and bedtime, or as often as they need during the day.
3. Eating and drinking:
 - Your child may not want to drink or eat much when they are sick.
 - Continue to offer small amounts of clear fluids throughout the day (e.g. water, milk, juice, clear soup, etc.)
 - Babies should continue to breast or bottle feed as usual.
4. Fever and discomfort:
 - You may give Acetaminophen (Tylenol® or Tempra®) or Ibuprofen (Advil® or Motrin®) to keep your child comfortable. Use as directed on the packaging or as instructed by a health care provider.
 - Never give your child aspirin. Aspirin is NOT safe for children under 18 years old.




Tips to prevent spreading and contracting bronchiolitis:

- Keep your child away from young babies (less than three months) for as long as you can while they are coughing.
- Wash hands often, especially before and after eating, coughing, or sneezing.
- Avoid exposing young babies and children to cigarette smoke. Smoking has been linked to higher risk of infection.




APPENDIX

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Page 2:

-  There are **24-hour health information lines** in many provinces and territories. Calling this number is a good way to obtain expert information from a health professional when you are unsure about your health or the health of your family.
-  **Signs and symptoms** of bronchiolitis to look for in an infant include: runny nose, fever, low energy, wheezing, persistent cough, dehydration or no wet diapers, decreased appetite.
-  You should **seek emergency care** if your child is:
 - Having difficulty breathing, is breathing very fast, or looks very uncomfortable when breathing
 - Wheezing or can't stop coughing
 - Looks blue around the lips
 - Very sleepy and difficult to wake up
 - Dehydrated (not drinking, dry mouth, sunken eyes, no tears, no pee or no wet diapers)
 - Less than 3 months old with a fever

Page 3:

-  The **triage** station is your first stop in the ED. Triage assessment helps to determine how sick your child is, and how quickly they need to see a doctor.
-  According to the Canadian Pediatric Society, **normal temperatures** in children are:
 - Mouth: 35.5-37.5°C (95.9-99.5°F)
 - Underarm: 36.5-37.5°C (97.8-99.5°F)
-  Generally, your child's **breathing rate**, oxygen saturation levels, and pulse will be monitored at the triage station. Monitoring oxygen saturation levels helps healthcare providers to measure the amount of oxygen the blood is carrying.

Page 4:

-  **Bronchiolitis** is a viral infection that affects the lower part of the lungs. The infection makes the small airways ('bronchioles') swell and fill with mucus. This makes the bronchioles become even more narrow, making it hard for your child to breathe.
-  Many viruses can cause this **infection**, but the most common is Respiratory Syncytial Virus (RSV). RSV outbreaks typically happen during the winter months, between November and April with a peak in January and February. Your child can get many RSV infections, but the older they get the more mild their symptoms become.
-  Bronchiolitis is very **contagious**. It is spread through close contact (e.g. touching toys or sharing food) with someone who is sick and coughing or sneezing around you. You should keep your child at home if they are coughing or having any trouble breathing. Wash hands and disinfect surfaces frequently.

APPENDIX

Click on the page number or info icon to return to the story

Page 4:

- i** In healthy adults and children older than 2 years, bronchiolitis is still contagious, but usually causes much more mild symptoms and resembles a **common cold**.
- i** Bronchiolitis usually affects **young children** under the age of two. Your child can get infected many times, but as they get older the symptoms become milder.

Page 5:

- i** **Wheezing** is breathing with a rattling or whistling sound in the chest, due to obstruction in the airways.

Page 6:

- i** Some factors can make it more likely that your child will get sick, and can increase the severity of disease. With bronchiolitis, symptoms may be worse if your child:
 - Was born prematurely,
 - Is under 3 months of age,
 - Has a history of heart problems,
 - Has a history of asthma or lung problems.Testing is not usually needed for your doctor to diagnose bronchiolitis.

- i** In the hospital, doctors and nurses will help your child's breathing and keep them comfortable. This might include:
 - Keeping them calm and sitting up,
 - Listening to their lungs and watching their breathing,
 - Gently suctioning your child's nose with salt water (saline) drops,
 - Giving your child extra oxygen to make sure there is enough oxygen in their blood,
 - Giving your child medication through inhalers to open up their airways,
 - Giving your child extra fluids through an IV to keep them hydrated.

Page 7:

- i** **Antibiotics** are medications used to destroy or prevent the growth of bacteria. They are not used for viral or other types of infections.
- i** **Nasal aspirators** or bulb syringes are a gentle and safe way to relieve nasal congestion. They are used in combination with saline solution and suction to remove excess mucus.
- i** Some children with severe bronchiolitis need oxygen to help increase their **oxygen** levels. Not all children with bronchiolitis need oxygen. If your child needs oxygen, they will likely need to stay in the hospital for a few days.

Page 9:

- i** Symptoms of bronchiolitis are worst during the first 5 days, and usually last 7-10 days. Children may continue to cough for a few weeks, even after they are feeling better.

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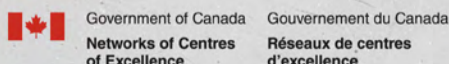
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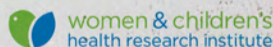
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