

What is RSV?

What is Bronchiolitis?

RSV is a common cold virus that can be particularly troublesome for very young infants

Respiratory syncytial virus (RSV) and other respiratory viruses can cause fever and mucus buildup in the child's airways, with symptoms such as coughing, runny nose, nasal congestion, and breathing difficulties.

In children under 1 year old, the viral infection can affect the smallest airways, which become narrow due to swelling and mucus buildup, known as bronchiolitis. It can also cause pneumonia.

There is no specific treatment for the virus infection itself; supportive and relief care are provided until the infection resolves on its own. The child is usually at their sickest 3-5 days after symptoms begin, after which they gradually improve and fully recover within a few weeks.

Most children can manage the infection at home with nasal care, such as suctioning mucus using a nasal aspirator, rinsing the nostrils with saline solution, and sometimes using nasal drops. You may feed more frequently, either by breastfeeding or bottle-feeding, and provide pain relief and fever-reducing medication if necessary.

A small proportion of young children with RSV need to be hospitalized.

If Your Child Needs Hospitalization

If your child is too tired to eat or has severe breathing difficulties, they may be admitted to the hospital for a few days. RSV infection is the most common reason for pediatric hospital admissions.

During hospitalization, we help your child by cleaning their nose, administering saline inhalations, and providing supportive oxygen through the nose as needed to improve breathing and well-being.

The healthcare staff administers fever-reducing and pain-relieving medication as necessary.

If the child cannot eat/breastfeed adequately, we provide support through tube feeding or intravenous fluids.

We will regularly monitor fluid intake and weight.

If necessary, we will perform blood tests, and some children may undergo a chest X-ray.



Photo: Adobestock

When Can the Child Return Home?

You will be able to go home when the following criteria are met (usually within 1–4 days):

- Breathing is steadily improved, though it does not have to be fully normalized. The child should not need oxygen, though their oxygen saturation may still be slightly lower than normal.
- The child can eat satisfactorily on their own, which means at least half of the usual amount. Sometimes it is possible to go home with a few days of tube feeding to continue at home.

You, as the guardian(s), will receive training in any necessary care for the feeding tube and breathing support, and instructions for the child's ongoing care

What Happens After Discharge?

Our goal during the hospital stay is for you to feel secure both in the hospital and after returning home. As long as the child requires a feeding tube, they are enrolled in home care or granted a leave from the ward with follow-up visits as needed. When on leave, you can contact the ward with any questions. After discharge, you can contact the healthcare hotline, 1177, for advice or guidance on where to seek care if necessary

För mer information

<https://www.1177.se/sjukdomar--besvar/lungor-och-luftvagar/inflammation-och-infektion->