

Pediatric Health Care

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Respiratory Syncytial Virus (RSV)

Respiratory syncytial virus (RSV) causes acute respiratory tract illness in persons of all ages. The clinical manifestations vary with age and health status. RSV causes seasonal outbreaks throughout the world. In the northern hemisphere, these usually occur from November to April, with a peak in January or February. RSV is the most common cause of lower respiratory tract infection in children younger than one year.

Symptoms include mild cough, nasal congestion, fever above 100.4 F and reduced appetite. RSV is diagnosed via a nasal swab which is run in the office. A child with RSV should be kept away from other infants and individuals susceptible to severe respiratory infection (eg, those with chronic heart or lung diseases, those with a weakened immune system) until the wheezing and fever are gone for twenty-four hours.

Treatment

There is no cure for RSV, so treatment is aimed at the symptoms (eg, difficulty breathing, fever). Treatment at home includes making sure the child drinks enough and saline nose drops (with bulb suctioning for infants). Most children with RSV who are otherwise healthy begin to improve within two to five days. However, wheezing persists in some infants for a week or longer, and it may take as long as four weeks for the child to return to his or her "normal" self.

Monitoring

Monitoring at home involves observing the child periodically for signs or symptoms of worsening. Specifically, this includes monitoring for an increased rate of breathing, worsening chest retractions, nasal flaring, cyanosis (blue discoloration of fingers, toes or lips), a decreased ability to feed or decreased urine output. Parents should contact their child's healthcare provider to determine if and when an office visit is needed, or if there are any other questions or concerns.

Fever control

Parents may give acetaminophen (Tylenol) to treat fever if the child is uncomfortable. Ibuprofen (Advil, Motrin) can be given to children greater than six months of age. Aspirin should not be given to any child under age 18 years.

Nose drops or spray

Saline nose drops or spray might help with congestion and runny nose. For infants, parents can try saline nose drops to thin the mucus, followed by bulb suction to temporarily remove nasal secretions. An older child may try using a saline nose spray before blowing the nose.

Encourage fluids

Parents should encourage their child to drink an adequate amount of fluids; it is not necessary to drink extra fluids. One such way is offering small drinks of Pedialyte, or Pedialyte "popsicles" (made in an ice cube tray) to ensure they are having enough fluids.

Children often have a reduced appetite, and may eat less than usual. If an infant or child completely refuses to eat or drink for a prolonged period, urinates less often, or has vomiting episodes with cough, the parent should contact their child's healthcare provider.

When to seek help:

A child, who is grunting, appears to be tiring, stops breathing, or has cyanosis (blue discoloration of fingers, toes or lips) needs urgent medical attention. You should call the office immediately if this occurs.