

RESPIRATORY SYNCYTIAL VIRUS



Respiratory Syncytial Virus (RSV)

- Respiratory virus that usually causes mild, cold-like symptoms
- Resolves with supportive care at home within 1–2 weeks
- Most common cause of bronchiolitis and the leading cause of hospitalization in infants and young children
- Special precautions should be taken in at-risk populations.
- Most children have experienced RSV by 2 years of age.



At-Risk Populations

- Premature infants
- Infants < 6 months old
- Children < 2 years old with heart or lung disease
- Immunocompromised children
- Babies who are not breastfed

Transmission

RSV is easily spread from person to person during talking, coughing, or sneezing.

Respiratory droplets also land on objects such as door knobs, handrails, tables, and toys.

Individuals can become infected when they handle contaminated objects and then touch their nose, mouth, or eyes.

Prevention

Educate clients about prevention, especially those who are in contact with at-risk children or infants:

- Wash hands frequently.
- Cover nose and mouth when sneezing or coughing.
- Avoid touching face.
- Keep sick children home from school or daycare.
- Sanitize hard surfaces.

Signs and Symptoms

Mild

- Fever
- Congestion
- Cough

Moderate

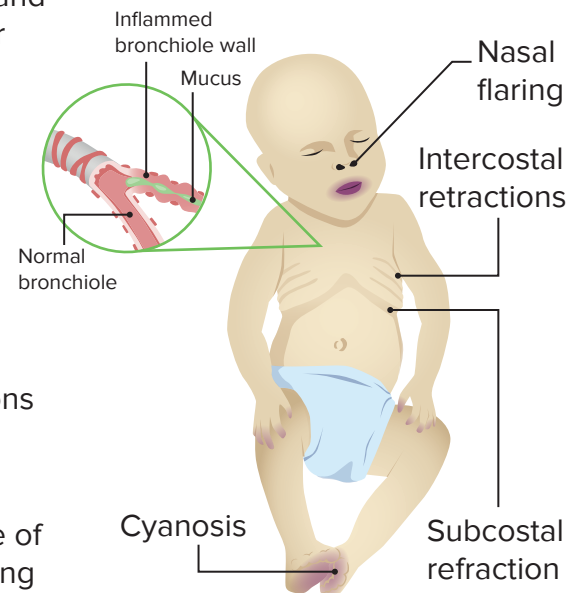
- Irritable, but consolable
- Decreased appetite
- Increased respiratory rate
- Mild intercostal retractions

Severe

Bronchioles become inflamed and swollen. Mucus collects, further reducing the diameter of the airway. Passage of air and exchange of oxygen becomes difficult, leading to signs of respiratory distress:

- Difficult to console
- Respiratory rate > 70 breaths/min
- Moderate to severe retractions
- Nasal flaring
- Grunting, wheezing

Fluid loss due to increased rate of breathing and decreased feeding leads to dehydration.



NURSING CARE

- Supportive measures
- Antipyretics for comfort
- Hydration
- Nasal suction
- Supplemental oxygen
- Educate family and provide reassurance.

NOTES

