

Your child may be infected with the RS virus. This brochure contains information about this illness and which treatment your child will receive at the hospital.

The RS (Respiratory Syncytial) virus is a contagious virus that is common among children and adults during autumn and winter. Other cold viruses can generate the same symptoms as the RS virus. In adults and older children, the RS virus causes no more than a bad cold or a flu. In a baby, however, the virus can develop into bronchiolitis: an inflammation of the airways.

Risk groups

The RS virus may be more severe in certain children. These include babies under the age of six months, children with immune system disorders, children born prematurely, children with a weakened immune system and children who have a heart or a lung disease.

How do you catch the RS virus?

The RS virus is mainly transmitted via coughing. The virus can also be transmitted by, for example, blowing one's nose before hugging a child. Hand sanitiser ensures that the virus cannot be transferred further via the hands.

What are the symptoms?

An infection with the RS virus usually starts off with a common cold, coughing and, occasionally, with wheezing or a fever. The illness can also become more severe. In which case, your child will be short of breath and have rapid, shallow breathing. He/she will look pale, will not drink sufficient fluids and/or will spit. Generally, the older a child, the wider the airway. And the larger the reserves, the less he/she will be bothered by the virus.

How is the RS virus diagnosed?

The doctor will determine whether or not your child has the RS virus based on his/her symptoms. Your child will not typically undergo additional examinations.

When will your child be admitted to hospital?

Your child will be admitted when he/she is congested due to the RS virus and is tired from coughing attacks. Often, the child's nose is blocked, further hindering his/her food and drink intake.

To prevent other patients on the paediatric ward from becoming infected, your child will be alone and special rules will apply to his/her care. This approach is known as 'isolated nursing'. When your child is admitted, you will receive information about the relevant rules for isolated nursing. There may also be several children in one room who all have the same RS virus.

Treatment at hospital

The most important thing is to clean and clear your child's nose so that he or she can breathe as best as possible. Your child's nose will be rinsed with saltwater. Your child will also receive nasal drops 3 times a day (xylometazoline).

These drops reduce the swelling of the mucous membranes, making it easier for your child to breathe. He/she will receive paracetamol to reduce any fever and to make him/her more comfortable.

Your child will be connected to a monitor to measure its heart rate, respiration and oxygen levels. This is achieved via three patches with wires that are attached to the chest and a cord with a red light that is attached to the child's foot or hand with an adhesive plaster. As soon as your child becomes very congested, he/she will be given extra oxygen. So-called 'nasal prongs' are used for this.

If your child is highly congested and has to cough a lot, he/she could become exhausted. Your child may subsequently have trouble drinking from a bottle and can begin spitting. If your child is too ill to drink (everything) by him/herself, he/she will temporarily be fed via a probe. A probe is a tube that runs through the nose into the stomach. Medication against infection with bacteria (antibiotics) is not effective against the RS virus.

Usually, the sicker your child is from the infection, the longer it will take for him/her to fully recover. Your child will be allowed to go home again as soon as he/she is drinking enough fluids and no longer requires oxygen. A hospital admission lasts for approximately 3 to 7 days.