Your child has been diagnosed as having a chest infection. This term is used by the public for something doctors refer to as a lower respiratory tract infection. This quite simply means that it is the lower part of your child’s breathing tubes and lungs that are affected rather than the upper part.

There are many different types of chest infection with different medical names, including laryngotracheobronchitis (commonly known as croup), bronchitis, bronchiolitis and pneumonia. The names simply refer to the different parts of the chest which are infected at any one time. Infection can often be present in more than one place at a time.

**What causes chest infections?**

In children, there are a variety of bugs which can cause chest infections.

- **Viruses** cause a large number of chest infections in children. Antibiotics do not work against viruses, and these chest infections get better with time.
- **Bacteria** are another cause of chest infections. Antibiotics can be used to help kill bacteria and help your child recover more quickly. There are a number of different types of bacteria that can be responsible for chest infections in children that require different antibiotics to work against them.
- **Some chest infections** are caused by both viruses and bacteria together. Antibiotics would also be used to treat these children.

**How do we diagnose a chest infection?**

A doctor can often tell if your child has a chest infection just by listening with a stethoscope to your child’s breathing. The doctor will also look to see how quickly your child is breathing and how much effort is needed in breathing, to help them decide how serious the chest infection is. A doctor or nurse will also check the amount of oxygen in the blood by...
attaching a monitor to your child’s hand or foot, as well as checking your child’s temperature and heart rate.

Sometimes further tests are necessary to help make the diagnosis.

Chest x-rays are helpful in some children. Unfortunately, it is often not possible to be certain which germ is causing a chest infection, either by listening with a stethoscope or looking at a chest x-ray.

Blood tests can also be helpful in some patients, but usually only those who are more unwell.

In younger children, we may take samples of secretions from the nose (what we call an NPA) and this can help us look for some viruses and bacteria which may also be causing infection lower down in the chest.

Treatment

If the doctor thinks it is likely that your child has a chest infection caused by a bacteria, they are likely to prescribe a course of antibiotics which should be completed as recommended. These help to speed up recovery time and reduce the risk of complications. Most chest infections can be treated with antibiotics taken by mouth, but if your child is vomiting or more unwell, then it may be recommended that your child begins treatment with antibiotics given through a drip (known as iv antibiotics).

The majority of children with chest infections do not need to be admitted to hospital.

However, if your child is more unwell – for example, if they need to be given oxygen to help their breathing, if they need to receive their antibiotics through a drip, or if they are not eating or drinking enough and need to be given extra fluids, then they will need to be admitted to the ward. The amount of time they will need to stay on the ward depends on how quickly they get better.

Most children with chest infections will have a fever and paracetamol and ibuprofen can be used if this helps your child feel more comfortable. They can also be used as pain killers if your child is in pain when they are breathing.

Some children can also get very wheezy when they have a chest infection. This is particularly common in preschool children affected by certain viruses. The doctor may recommend the use of an inhaler or nebuliser to help reduce the wheezing, but these are not always helpful.

Physiotherapy is not recommended for most children with a chest infection. However, some children with underlying health problems may benefit from it.

Complications

The following can be signs that your child is getting worse and needs to see a doctor.

- your child’s breathing becomes faster
- their fever doesn’t settle or gets worse
- your child is struggling to breathe
- your child becomes more lethargic
- your child becomes very pale or dusky coloured

Sarum Ward
01722 336262 ext 2560/2561
If your child has been given open access to Sarum, call the ward to speak to a member of staff. If you do not have open access, you should arrange to see your GP urgently or bring your child to the Emergency Department.

A small number of children will develop a collection of fluid around the lung which may need different treatment to get better. A very small number of children may have much more severe infection and require a period of intensive care to aid recovery.

**Recovery**

The majority of children who are otherwise well would be expected to make a complete recovery from their chest infection. Some symptoms, such as a cough, can take some a number of days or longer to recover completely. Avoiding exposure to tobacco smoke is recommended. Your child can return to school / nursery when the fever has settled and they feel able to resume their normal activity levels.