Respiratory Syncytial Virus (RSV) Interventions

RSV, or respiratory syncytial virus, is a viral infection that infects upper airway epithelial cells, leading to copious secretions, coughing, sneezing and wheezing in patients. It primarily affects infants and young children with peak incidence between 2 to 7 months of age. The management of caring for a child with RSV is providing supplemental oxygen, maintaining fluid intake and nutrition, airway maintenance, and administration of medications.



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Prophylaxis

Palivizumab (Synagis)
Police-fez-mob
Palivizumab (Synagis), a monoclonal antibody, is a preventive drug given by IM injection once per month to ONLY high-risk infants and children. Typical high-risk infants include those born before 29 weeks gestation who are less than 1 year old at the start of RSV season. It does not treat a child who already has RSV.

Management

Hospitalization
Hospital
Most cases of RSV can be treated at home; however, hospitalization is recommended when an infant cannot maintain adequate hydration or has other complicating illnesses, such as lung or heart disease or prematurity.

Contact Precautions
Contact-sports Precaution Sign
Because RSV is spread from exposure to contaminated secretions (spread from hand to eye, nose, or other mucous membranes), frequent and proper hand washing is vital! There is no documentation of airborne transmission.

Oxygen
O2-tank
Humidified oxygen may be administered to maintain an oxygenation saturation (SpO2) above 90%.

Separate Room
Separate Room
Infants with RSV should be placed in a separate room or room with other RSV infants to prevent the spread of infection.

Maintain Fluid Intake
Water Intake
Maintaining adequate fluid intake and nutrition is vital to recovery. IV fluids may be necessary until the acute stage of the disease has ended. Additionally, the use of saline nose drops prior to feeding due to copious nasal secretions may be indicated.

Supportive Care
Supportive IV-bags
Patients often require supportive care, including frequent monitoring, fluid resuscitation, and respiratory support. Mechanical ventilation may be indicated for patients with apnea, hypoxia, or severe respiratory distress.

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