



Catherine Clark

Respiratory Syncytial Virus,
Bronchiolitis, Asthma

In the fall of 2022, my son Carl developed what I thought was just an ordinary cough. He was a bit under three years old at the time and colds and flus are common at that age, so I wasn't too concerned at first. I'm a nurse by profession and his cough seemed standard to me; there was no fever, and he was eating, playing, and sleeping well. When Monday came, I sent him off to school with no issue, but I got a call from his teacher asking me to come get him, so I took him to the doctor as a precaution. He received oral prednisone and I thought everything was fine.

He developed a low-grade fever on Tuesday, which wasn't too concerning. But on Wednesday, I woke up in a panicked flurry when I realized he hadn't stirred me awake as he normally does. I ran to his room and found him lethargic, with labored breathing. When I picked him up, he was

burning hot with a fever of 102.7°F – the highest he'd ever had. We went to his pediatrician who assessed his lungs and found it mostly clear. His pulse oximeter reading was 93 percent, which didn't match the level of respiratory distress he clearly was in. We rushed to the ER and after an x-ray and testing, the medical team determined that he had respiratory syncytial virus (RSV) and bronchiolitis with asthma exacerbation.

They put an oxygen mask on him at which point he perked up, but it didn't last. Over the next few hours, as we were waiting for an IV drip, his health started to rapidly decline and he was moved to the intensive care unit, where he was put on a ventilator, an oscillator, and intubated – all to stabilize him. As his liver and kidneys began to fail, I prepared myself for the worst. I'd never seen any patient so septic in my entire life. I felt awful, certain that my baby was going to die. There wasn't a single medical professional in that room that day, including myself, that expected Carl to survive. Later he was diagnosed with ARDS, sepsis, disseminated intravascular crisis, cardiogenic shock, kidney injury, ischemic bowel, ischemic injury bilateral legs, and kidney injury.

It was singularly the most stressful and terrifying event that I've ever been through, not knowing what was happening nor what the outcome would be. But as a nurse, I am trained to stay calm under duress. I focused almost exclusively on Carl's immediate needs and compartmentalized the experience's impact on my emotions to deal with another day. In the moment, I was solely concerned with his welfare.

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Somehow, Carl pulled through thanks to the life-saving medical treatment he received in the ICU. But it wasn’t so easy. In the ICU he had to have a transmittal tarsal amputation on his left foot and surgery on his right ankle because of the treatments he was given, and those orthopedic wounds proved to be very challenging to heal. A year later, he’s running, playing, and growing; back to his normal self. But the same cannot be said for my husband and me. The experience has left us with emotional trauma, anxiety, and depression.

Before Carl was discharged from the ICU, I found a therapy center and started going for treatment recognizing that I could not deal with the stress of almost losing my child by myself. I realized I couldn’t automatically switch off my fight-or-flight instinct after Carl healed. Everything felt like a big deal, like life or death. When my son started potty-training a few months after the ICU stay, I couldn’t stop crying from the pressures of managing that process. It was at that point that I reached out to my primary care physician for antidepressants, which have been incredibly helpful.

With selective serotonin reuptake inhibitors, I feel like I've been able to be a more effective mom and just feel better all around, while still working with my therapist to process what happened. I've had to build a support system for myself since my husband's family and my own are several hours away in other cities.

When you have a sick child, it often feels like you're running on fumes because there is no help. But help can be found if you look for it. Some of the best help that I've gotten over these last few months has been from my friends. I encourage anyone who is caring for a sick child without the benefit of family nearby to make sure they are getting the emotional support they need by reaching out to friends and medical professionals and seeking therapy. ●

Respiratory Syncytial Virus (RSV)

- RSV is a common respiratory virus that causes cold-like symptoms in children and adults.
- Severe RSV can be unpredictable and is the leading cause of hospitalization in infants
- Adults 65 and over and adults with chronic conditions or weakened immune systems are at high risk for developing severe RSV.
- People do not form long-lasting immunity to RSV and can become infected repeatedly over their lifetime.

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