

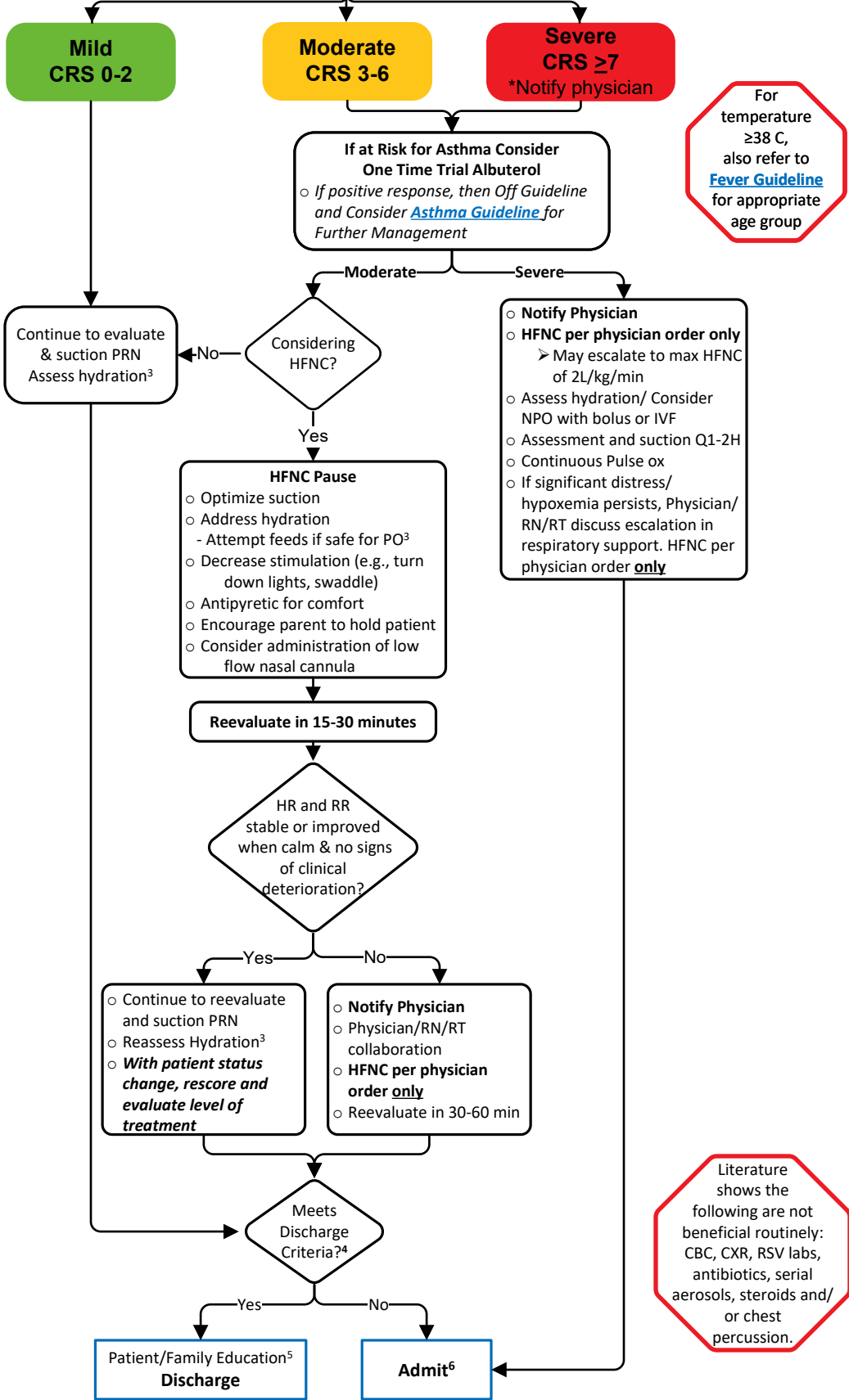
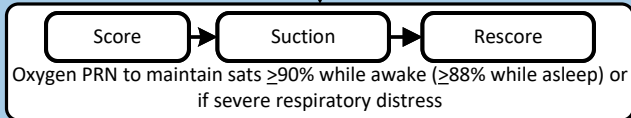
# Bronchiolitis Pathway: Emergency Department Management

September 2025



Infants presenting with signs and symptoms of upper respiratory infection progressing to lower respiratory symptoms<sup>1</sup>

Blue shaded area represents **Caregiver Initiated Protocol for Bronchiolitis 5-25**



## <sup>1</sup>Inclusion Criteria

- Previously healthy infant
- 1-18 months of age
- Suspicion of diagnosis of bronchiolitis: upper respiratory symptoms such as rhinitis, coughing; lower respiratory signs such as wheezing, crackles, tachypnea, that may result in difficulty breathing and/or difficulty feeding

## Exclusion Criteria:

- Complex Chronic Condition (see Feudtner criteria)
- Toxic Appearance
- CLD (Chronic Lung Disease)
- Cardiac disease requiring baseline medications

## Isolation Standard

- Per CDC/HICPAC Guidelines: Contact Droplet Isolation for the duration of the illness

## <sup>2</sup>Risk for Asthma

Patient may be at increased risk for asthma if >12mo old:

- with wheeze plus history of atopy OR
- strong family history of atopy or asthma

## Respiratory

- Suctioning: Oral, Bulb tip, or NP suctioning as needed; Wean to bulb suctioning
- Consider adding head & humidity to any nasal cannula flow rate > 2 LPM

## <sup>3</sup>Feeding/Hydration

- PO feeding preferred if respiratory rate <60
- Intake of 75% maintenance fluid needs is adequate unless dehydrated
- NG feedings preferred to IV fluids unless contraindicated or physician order. Refer to NG policy: PC 19-02, HS-PC 19-02
- If giving IVF, avoid hypotonic solution (D5% and D5½) due to risk of SIADH induced hyponatremia. D5NS or D5LR are preferred maintenance fluids.

## <sup>4</sup>Discharge Criteria

Patient must meet all discharge criteria

- Room air sats consistently  $\geq 90\%$  while awake or  $\geq 88\%$  while asleep
- Able to handle secretions or bulb suctioning only
- Adequate activity & hydration
- Home care needs arranged
- Parent verbalizes/demonstrates understanding of: Natural history of the disease, bulb suctioning, and medications if indicated
- Parents able to follow-up with PCP within 48 hours or access emergency care if needed
- Administer influenza vaccine, unless contraindicated, refused, or already given.

## <sup>5</sup>Patient/Family Education

- Nasal suctioning
- Signs/symptoms of respiratory distress
- Guidelines for feeding
- Review bronchiolitis teaching sheet
- No smoking in home & avoidance of other environmental pollutants

## <sup>6</sup>Admission Criteria

- Persistent Significant WOB or required HFNC
- O<sub>2</sub> requirement to keep sats  $\geq 90\%$  while awake consistently
- Unable to handle secretions with bulb suctioning
- Poor Feeding (Consider Nasogastric tube)
- Consider if history of apneic episode

## Consider PICU admission if:

- Multiple episodes of apnea (>1) or any episode requiring bagging
- PCO<sub>2</sub> > 55, 30-60 minutes after initiation HFNC
- CRS  $\geq 9$  despite initiation HFNC
- FiO<sub>2</sub>  $\geq 50\%$
- HFNC Max: Less than 3 kg- PICU
  - o >3 kg, see systemwide HFNC BPR

CRS=Clinical Respiratory Score  
HFNC= High Flow Nasal Cannula