Infants presenting with signs and symptoms of upper respiratory infection progressing to lower respiratory symptoms:

- Score
- Suction
- Rescore

Oxygen PRN to maintain sats ≥90% while awake (≥88% while asleep) or if severe respiratory distress

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

For temperature ≥38 C, also refer to Fever Guideline for appropriate age group

1. **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:
     - Toxic Appearance
     - CLD (Chronic Lung Disease)
     - Cardiac disease requiring baseline medications

2. **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

3. **Feeding/Hydration**
   - PO feeding preferred if respiratory rate <60
   - Intake of 75% maintenance fluid needs is adequate
   - NG feedings preferred to IV fluids unless contraindicated
   - Intake of 75% maintenance fluid needs is adequate
   - 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.

4. **Discharge Criteria**
   - Room air sats consistently ≥90% while awake or ≥88% while asleep
   - Able to handle secretions or bulb suctioning only
   - Adequate activity & hydration
   - Home care needs arranged
   - Patient may be at increased risk for asthma if >12mo old:
     - persistent significant WOB or required HFNC
     - O2 requirement to keep sats ≥90% while awake consistently
     - Unable to handle secretions with bulb suctioning
     - Poor Feeding (Consider Nasogastric tube)
     - Consider if history of apneic episode

5. **Admission Criteria**
   - PersistentSignificant WOB or required HFNC
   - O2 requirement to keep sats ≥90% while awake consistently
   - Unable to handle secretions with bulb suctioning
   - Poor Feeding (Consider Nasogastric tube)
   - Consider if history of apneic episode
   - Multiple episodes of apnea (>1) or any episode requiring bagging
   - PCO2 > 55, 30-60 minutes after initiation HFNC
   - CRS ≥ 9 despite initiation HFNC
   - FiO₂ ≥ 50%
   - HFNC Max: Less than 3 kg - PICU
     - >3kg, see campus specific HFNC Guidelines

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