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

**Score**

Score: 0-2

Continue to evaluate & suction PRN. Assess hydration.

**Suction**

Suction PRN: The following are not routinely indicated. Perform only if results are expected to change management:
- High Flow Nasal Cannula
- Blood gas
- Racemic Epinephrine

**Rescore**

Reevaluate. Assess Hydration.

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

**Moderate**

CRS: 3-6

Severe CRS: ≥7

*Notify physician*

Consider One Time Trial Albuterol

If positive response, then Off Guideline and Consider Asthma Guideline for Further Management.

At risk for Asthma?

YES

Medical Management

NO

MODERATE

- Suction PRN

- Reevaluate

- Reevaluate

- Assess Hydration

- Assess Hydration

**Severe**

CRS: ≥7

Consider PICU admission if:
- Persistent Significant WOB or required HFNC
- $O_2$ requirement to keep sats ≥90% while awake consistently
- Unable to handle secretions with bulb suctioning
- Poor Feeding (Consider Nasogastic tube)
- Consider if history of apneic episode

Consider PICU admission if:
- Multiple episodes of apnea (>1) or any episode requiring bagging
- $PCO_2 > 55$, 30-60 minutes after initiation HFNC
- CRS ≥ 9 despite initiation HFNC
- $FiO_2 ≥ 50$
- HFNC Max: Less than 3 kg- PICU
- >3 kg, see campus HFNC Guidelines: EG/HS, SP

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

Admit

Discharge

CRS=Clinical Respiratory Score

HFNC= High Flow Nasal Cannula

Literature shows the following are not beneficial routinely:
- CBC, CXR, RSV labs,
- Antibiotics, serial chest percussion.

Caregiver Initiated Protocol for Bronchiolitis

5-25

Blue shaded area represents

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

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

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

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

Feeding/Hydration:
- PO feeding preferred if respiratory rate <60
- Intake of 75% maintenance fluid needs is adequate
- Unless dehydrated:
  - PO feeding preferred if respiratory rate <60
  - Intake of 75% maintenance fluid needs is adequate
  - PO feeding preferred if respiratory rate <60
  - Intake of 75% maintenance fluid needs is adequate

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
- 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.

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

Admission Criteria:
- Persistent Significant WOB or required HFNC
- $O_2$ requirement to keep sats ≥90% while awake consistently
- Unable to handle secretions with bulb suctioning
- Poor Feeding (Consider Nasogastic tube)
- Consider if history of apneic episode

Admission Criteria:
- Multiple episodes of apnea (>1) or any episode requiring bagging
- $PCO_2 > 55$, 30-60 minutes after initiation HFNC
- CRS ≥ 9 despite initiation HFNC
- $FiO_2 ≥ 50$
- HFNC Max: Less than 3 kg- PICU
- >3 kg, see campus HFNC Guidelines: EG/HS, SP

Developed through the efforts of Children's Healthcare of Atlanta and physicians on Children's medical staff in the interest of advancing pediatric healthcare. This is a general guideline and does not represent a professional care standard governing providers' obligation to patients. Ultimately, the patient's physician must determine the most appropriate care. © 2020 Children's Healthcare of Atlanta, Inc.