Clinical Practice Guideline for Bronchiolitis Management: Emergency Department

**Inclusion Criteria**
- Previously healthy infant
- 1-18 months of age
- Suspect of diagnosis of bronchiolitis: upper respiratory symptoms such as rhinits, 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
- NG feedings preferred to IV fluids unless contraindicated
- Parent verbalizes/demonstrates understanding of:
  - Adequate activity & hydration
  - Home care needs arranged
  - 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.

**Discharge Criteria**
- Room air sats consistently ≥ 90% while awake or ≥88% while asleep
- Able to handle secretions or bulb suctioning only
- Adequate activity & hydration
- 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.

**Admission Criteria**
- 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
- Consider PICU admission if:
  - 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
  - >3 kg, see campus specific HFNC Guidelines

**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

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