Clinical Practice Guideline for Bronchiolitis Management:
Emergency Department

UPDATED
1.2.20

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

Blue shaded area represents Caregiver Initiated Protocol for Bronchiolitis

Suction PRN: Oxygen PRN to maintain sats \( \geq 90\% \) while awake (\( \geq 88\% \) while asleep) or if severe respiratory distress

Score \( \geq 7 \) *Notify physician

Severe CRS \( \geq 7 \) *Notify physician

Consider One Time Trial Albuterol

At risk for Asthma? **YES**

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

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

Reevaluate Assess Hydration

Reevaluate Assess Hydration

Meets Discharge Criteria?** YES**

Patient/Family Education

Discharge

Admit

CRS=Clinical Respiratory Score
HFNC=High Flow Nasal Cannula

**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
- 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 (D5½ and D5½) due to risk of SIADH induced hyponatremia. D5NS or D5LR are preferred maintenance fluids.

**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.

**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
- \( \text{FiO}_2 \) 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
- \( \text{PCO}_2 \geq 55, \text{30-60 minutes after initiation HFNC} \)
- \( \text{CRS} \geq 9 \) despite initiation HFNC
- \( \text{FiO}_2 \geq 50\% \)
- HFNC Max: Less than 3 kg- PICU
  - \( >3 \text{kg}, \text{see campus HFNC Guidelines: } \text{SR HFNC}, \text{EG/HG HFNC} \)

**Blue shaded area** represents standard governing providers' obligation to patients. Ultimately the patient's physician must determine the most appropriate care. © 2020 Children's Healthcare of Atlanta, Inc.