Clinical Practice Guideline for Bronchiolitis Management: Inpatient

**Admission to hospital with suspicion for bronchiolitis**

- Initiate guideline order set
- Review Prior Outpatient therapy

**Score**

- Mild: CRS 0-2
- Moderate: CRS 3-6
- Severe: CRS ≥7 or WOB 2

**Suction**

- Assessment q3-4 hours
- Suction prn
- PO feeding as tolerated

**Rescore**

- Assessment and suction q1-2 hours
- Continuous pulse ox
- Assess hydration /Consider NPO with NG or IVF

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

**Resess and Rescore**

- Continue current treatment
- With patient status change, rescore and evaluate level of treatment

**Patient/Family Education**

- Wean to Room Air
- Advance Feeds as Tolerated

**Assess for PICU admission**

- Clinically Improving?
  - YES: Continue reassessment and suction q3-4 hours and prn
  - NO: Assess for PICU admission

**Discharge Criteria**

- Meets
- Discharge Criteria?  
  - YES: Discharge Home
  - NO: Literature shows the following are not beneficial routinely: CBC, CXR, RSV labs, antibiotics, serial aerosols, steroids, and/or chest percussion

**Inclusion Criteria**

- Previously healthy infant
- 1-18 months of age
- Suspicion of bronchiolitis: upper respiratory symptoms such as rhinitis, coughing or lower respiratory symptoms such as wheezing, crackles, tachypnea

**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

**Oxygenation and Monitoring**

- Wean to room air if sats maintained at ≥90% while awake or ≥88% while asleep (brief desats <88% are expected & acceptable)
- Continuous pulse ox if on oxygen or severe illness
- Discontinue continuous pulse oximetry monitoring if on room air

**Respiratory**

- Suctioning: Oral, Bulb tip, or NP suctioning as needed; Wean to bulb suctioning

**Risk for Asthma**

- Patient may be at increased risk for asthma if >12 months old:
  - with wheeze plus history of atopy OR
  - strong family history of atopy or asthma
  - Consider Asthma Guideline for further management

**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 (D5¼ and D5½) due to risk of SIADH induced hyponatremia

**Patient/Family Education**

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

**PICU Criteria**

- Consider:
  - Multiple episodes of apnea (>1) or any episode requiring bagging
  - PCO₂ > 55, 30-60 minutes after initiation HFNC
  - CRS ≥ 9 despite initiation HFNC
  - HFNC Max: Less than 3 kg- PICU
    - ≥3 kg, see campus specific HFNC Guidelines

**Discharge Criteria**

- Patient must meet all discharge criteria
  - On room air at least 4 hours
  - Sats ≥90% while awake, ≥88% while asleep
  - Able to handle secretions or bulb suctioning only
  - Adequate activity & hydration
  - Parent verbalizes/demonstrates understanding of: course of illness and bulb suctioning
  - 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.

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