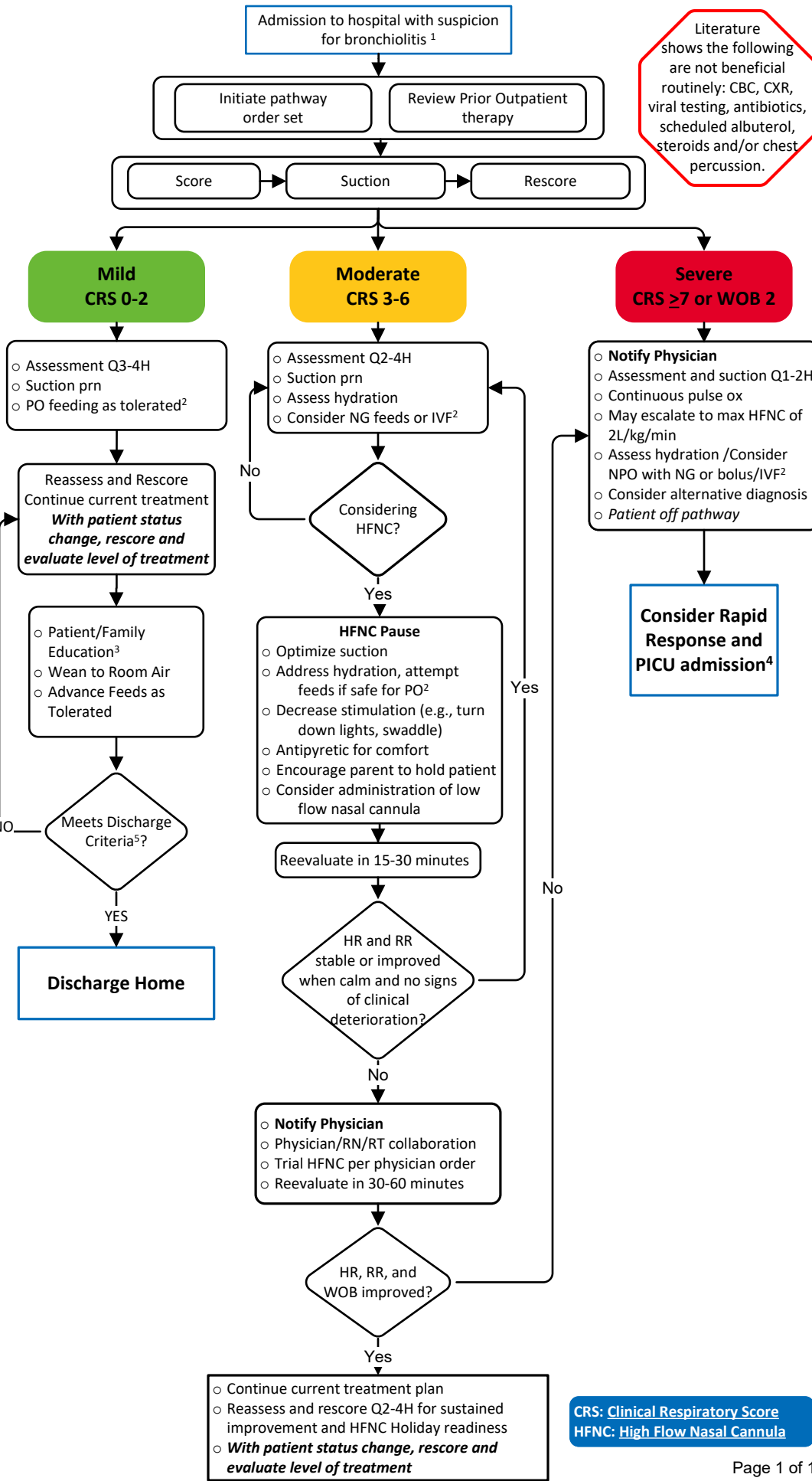


Bronchiolitis Pathway: Inpatient Management



¹Inclusion 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
 - Complex Chronic Condition ([see Feudtner criteria](#))
 - 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, onion 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

²Feeding/Hydration

- PO feeding preferred if WOB is mild to moderate, and respiratory rate <60 in infants
- 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 (D5% and D5½) due to risk of SIADH induced hyponatremia. D5NS or D5LR are preferred maintenance fluids.

³Patient/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

⁴PICU Criteria

Consider:

- Any episode of apnea 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 systemwide [HFNC BPR](#)

⁵Discharge 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 suction
- Parents able to follow-up with PCP within 48 hrs or access emergency care if needed
- Administer influenza vaccine, unless contraindicated, refused, or already given.

CRS: Clinical Respiratory Score
HFNC: High Flow Nasal Cannula

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. © 2025 Children's Healthcare of Atlanta, Inc.