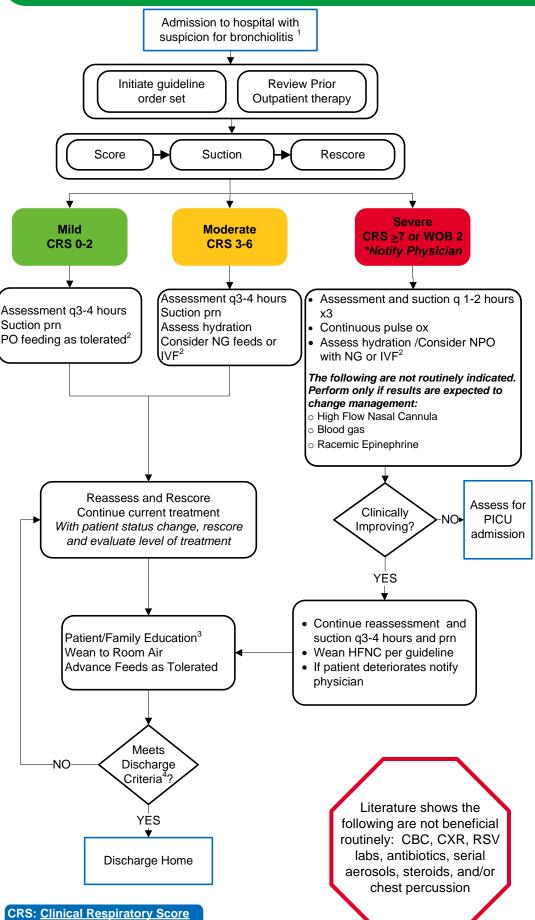
Clinical Practice Guideline for Bronchiolitis Management: Inpatient

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HFNC: High Flow Nasal Cannula

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
 - o CLD (Chronic Lung Disease)
 - o 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

²Feeding/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.
 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

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 HFNC Guidelines: EG/HS HFNC SR HFNC

⁴Discharge 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 hours or access emergency care if needed
- Administer influenza vaccine, unless contraindicated, refused, or already given.