Clinical Practice Guideline for Bronchiolitis Management: PICU

**Not** beneficial per current literature: routine CBC, CXR, viral testing, antibiotics, steroids, CPT, bronchodilators

Admission/transfer to PICU with suspicion for bronchiolitis

Isolation per Protocol

Initiate Guideline Order Set

Review Prior Therapy

For Every Intervention (Suction, Medication, etc.):

Score → Treat → Rescore

CRS ≤ 6
- RT Assessment Q4H and PRN
- Suction PRN

CRS > 6
- RT Assessment Q2H and PRN
- Suction PRN

Racemic Epinephrine is not recommended. May perform once if results are expected to change management

Reassess 15 min post treatment

If CRS decreases by ≥ 2, may order PRN Racemic Epinephrine (not scheduled)

- Adjust FiO2 and/or NIPPV to maintain SpO2 90-96% and minimize retractions
- PO or NG feeding as clinically appropriate (preferred to IVF)

If patient deteriorates notify provider

With patient status change, rescore and evaluate treatment options

Meets Transfer/Discharge criteria?

- Transfer to floor/Discharge to HOME

**Inclusion Criteria**
- 1-24 months of age
- Exclusion Criteria:
  - Chronic Conditions
  - Toxic Appearance
  - Invasive mechanical ventilation

**Isolation Guidelines**
- Enhanced Contact Droplet Isolation for the duration of symptoms per CHOA Guidelines:
  - Symptom Based Isolation Precautions: IP 3-01
  - Respiratory care of patients in Enhanced Contact Droplet Isolation
  - Guidance to Remove Enhanced Contact Droplet Precautions

**Respiratory**
- Adjust flow to minimize work of breathing
- Adjust FiO2 to maintain SpO2 90-96%
- While evidence does not support routine use of bronchodilators, may consider one-time trial of Racemic Epinephrine with close attention to clinical response. Racemic epinephrine is preferred over Albuterol. Do not repeat treatment if previously trialed in ED or IP and no improvement.
- If inhaled bronchodilator treatment trialed, document clinical response (CRS, Respiratory Assessment)

**CHOA Clinical Respiratory Score (CRS)**
- Scheduled bronchodilators are not indicated

**Notes and Recommendations**
- Viral testing discouraged unless suspicion of influenza
- Antibiotics should not be administered to patients with Bronchiolitis unless there is concomitant bacterial infection or strong suspicion of one.
- Use of H2 blockers and PPI's not indicated in routine bronchiolitis care
- PO feeding preferred if RR < 60 and unlabored

**Transfer/Discharge Criteria**
- Patient must meet all transfer criteria:
  - Stable on flow settings and FiO2 ≥ 24 hours. See campus HFNC criteria:
    - SR HFNC Guideline, EG/HS HFNC Guideline
  - Suctioning required no more than Q2 hours
  - No apneic events for ≥ 2 hours
- Patient must meet all discharge criteria to go home:
  - Ambient air - 4 hours with SpO2 > 90%
  - Adequate hydration
  - Parent verbalizes/demonstrates understanding of illness and home care
  - Parents able to follow-up with PCP within 48 hours

**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

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