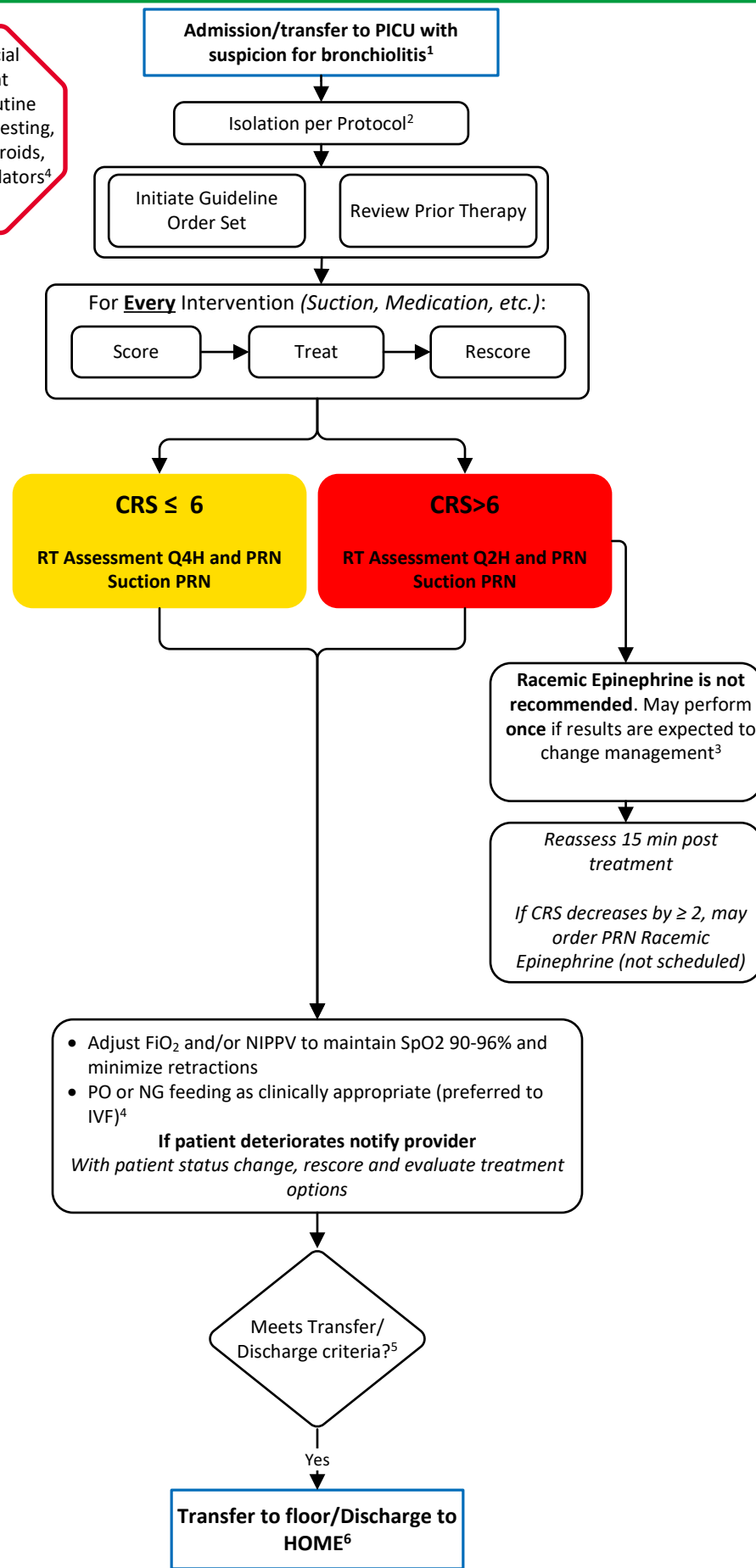


**Not** beneficial per current literature: routine CBC, CXR, viral testing, antibiotics, steroids, CPT, bronchodilators<sup>4</sup>



## <sup>1</sup>Inclusion Criteria

- 1-24 months of age
- Exclusion Criteria:
  - Complex Chronic Condition [\(see Feudtner criteria\)](#)
  - Toxic Appearance
  - Invasive mechanical ventilation

## <sup>2</sup>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](#)

## <sup>3</sup>Respiratory

- Adjust flow to minimize work of breathing
- Adjust FiO<sub>2</sub> to maintain SpO<sub>2</sub> ≥90% while awake or ≥88% while asleep
- 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

## <sup>4</sup>Notes and Recommendations

- Viral testing discouraged unless suspicion of influenza or COVID-19
- 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

## <sup>5</sup>Transfer/Discharge Criteria

- Patient must meet all transfer criteria:
  - Stable on flow settings and FiO<sub>2</sub> allowable on floor for ≥ 8 hours. See systemwide [HFNC BPR](#)
  - Suctioning required no more than Q2 hours
  - No apneic events for ≥ 24 hours
- Patient must meet all discharge criteria to go home:
  - Ambient air >4 hours with SpO<sub>2</sub> >90%
  - Adequate hydration
  - Parent verbalizes/demonstrates understanding of illness and home care
  - Parents able to follow-up with PCP within 48 hours

## <sup>6</sup>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