

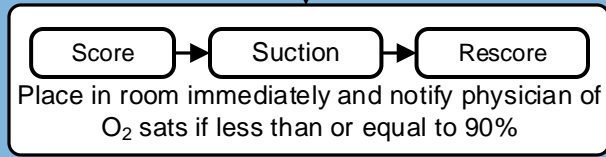
# Clinical Practice Guideline for Bronchiolitis Management: Urgent Care

FINAL 10.4.18



Infants presenting with signs and symptoms of upper respiratory infection progressing to lower respiratory symptoms<sup>1</sup>

Blue shaded area represents **Caregiver Initiated Protocol for Bronchiolitis 6.04**



**Mild CRS 0-2**

**Moderate CRS 3-6**

**Severe CRS ≥7**  
\*Notify physician

For temperature ≥38 C, also refer to **Fever Guideline** for appropriate age group

Continue to evaluate & suction PRN  
Assess hydration<sup>3</sup>

At risk for Asthma<sup>2</sup>?

Consider One Time Trial Albuterol  
*If positive response, then Off Guideline and Consider **Asthma Guideline** for Further Management*

Suction PRN

Suction PRN  
Consider:  
Racemic Epinephrine

Reevaluate  
Assess Hydration<sup>3</sup>

Reevaluate  
Assess Hydration<sup>3</sup>

Meets Discharge Criteria<sup>4</sup>

Patient/Family Education<sup>5</sup>

Discharge

Admit<sup>6</sup>

Literature shows the following are not beneficial routinely: CBC, CXR, RSV labs, antibiotics, serial aerosols, steroids and/or chest percussion

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

- Previously healthy infant
- 1-18 months of age
- Suspicion of diagnosis of bronchiolitis: upper respiratory symptoms such as rhinitis, coughing; lower respiratory signs such as wheezing, crackles, tachypnea, that may result in difficulty breathing and/or difficulty feeding

### 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

## <sup>2</sup>Risk for Asthma

- Patient may be at increased risk for asthma if >12mo old:
- with wheeze plus history of atopy OR
  - strong family history of atopy or asthma

## Respiratory

- Suctioning: Oral, Bulb tip, or NP suctioning as needed; Wean to bulb suctioning
- Oxygen PRN to maintain Sats ≥90% while awake (≥88% while asleep) or If severe respiratory distress

## <sup>3</sup>Feeding/Hydration

- PO feeding preferred if respiratory rate <60
- Intake of 75% maintenance fluid needs is adequate unless dehydrated
- D5NS or D5LR are preferred maintenance IV fluids. If giving IVF, avoid hypotonic solution (D5¼ and D5½) due to risk of SIADH induced hyponatremia.
- NG feedings preferred to IVF unless contraindicated or physician order. While NG feedings are not routinely available in Urgent Care, patient may receive in ED or Inpatient. **Refer to NG policy: PC 19-02, HS-PC 19-02**

## <sup>4</sup>Discharge Criteria

- Patient must meet all discharge criteria
- Room air sats consistently ≥ 90% while awake or ≥88% while asleep
  - Able to handle secretions or bulb suctioning only
  - Adequate activity & hydration
  - Home care needs arranged
  - Parent verbalizes/demonstrates understanding of: Natural history of the disease, bulb suctioning, and medications if indicated
  - Parents able to follow-up with PCP within 48 hours or access emergency care if needed

## <sup>5</sup>Patient/Family Education

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

## <sup>6</sup>Transfer to Emergency Department

- Persistent Significant work of breathing
  - O<sub>2</sub> requirement to keep sats ≥90%, consistently
  - Unable to handle secretions with bulb suctioning
  - Poor Feeding
  - Consider if history of apneic episode
- Consider Air Transport IF:**
- Multiple episodes of apnea (>1) or any episode requiring bagging
  - CRS ≥ 9
  - FiO<sub>2</sub> ≥ 50%
  - PEWS =7 or score of 3 in any of categories Airway, Circulation, or Disability
  - Use Air Transport or call 911 as appropriate

## CRS=Clinical Respiratory Score