Infants presenting with signs and symptoms of upper respiratory infection progressing to lower respiratory symptoms\(^1\)

**Clinical Respiratory Score (CRS)**

- **Mild CRS 0-2**
  - Continue to evaluate & suction PRN
  - Assess hydration

- **Moderate CRS 3-6**
  - Consider One Time Trial Albuterol
  - At risk for Asthma\(^2\)?
    - If positive response, then Off Guideline and Consider Asthma Guideline for Further Management
  - Suction PRN

- **Severe CRS ≥7**
  - Notify physician
  - Suction PRN
  - Consider: Racemic Epinephrine

**Rescore**

- Place in room immediately and notify physician of O\(_2\) sats if less than or equal to 90%

**Suction**

- For temperature ≥\(38\) C, also refer to Fever Guideline for appropriate age group

**Reevaluate**

- Reevaluate Assess Hydration\(^3\)

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

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**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

**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

**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 (D5% and D5%) 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

**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

**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

**Transfer to Emergency Department**

- Persistent Significant work of breathing
- \(\text{O}_2\) 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
- \(\text{FiO}_2≥50\%\)
- \(\text{PEWS}≥7\) or score of 3 in any of categories Airway, Circulation, or Disability
- Use Air Transport or call 911 as appropriate

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\(\text{CRS} = \) Clinical Respiratory Score

\(^1\)Inclusion Criteria

\(^2\)Risk for Asthma

\(^3\)Feeding/Hydration

\(^4\)Discharge Criteria

\(^5\)Patient/Family Education

\(^6\)Transfer to Emergency Department