Infants presenting with signs and symptoms of upper respiratory infection progressing to lower respiratory symptoms

Score → Suction → Rescore
Place in room immediately and notify physician of $O_2$ sats if less than or equal to 90%

If positive response, then Off Guideline and Consider Asthma Guideline for Further Management

Suction PRN
Consider: Racemic Epinephrine

Reevaluate Assess Hydration

If risk for Asthma?

At risk for Asthma?

YES

NO

MODERATE

SEVERE

Suction PRN

Reevaluate Assess Hydration

Consider One Time Trial Albuterol

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

Blue shaded area represents Caregiver Initiated Protocol for Bronchiolitis

6.04

Inclusion Criteria
- Previously healthy infant
- 1-18 months of age
- Suspicions 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 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

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
- $O_2$ 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
- Poor Feeding
- Consider if history of apneic episode

CRS=Clinical Respiratory Score

Patient/Family Education
- Natural History for patients & families
- Early recognition
- Early intervention

Discharge

Admit

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

*Development through the efforts of Children’s Healthcare of Atlanta and physicians on Children’s medical staff in the interest of advancing pediatric healthcare. This is a general guideline and does not represent a professional care standard governing providers’ obligation to patients. Ultimately the patient’s physician must determine the most appropriate care. © 2018 Children’s Healthcare of Atlanta, Inc.*