

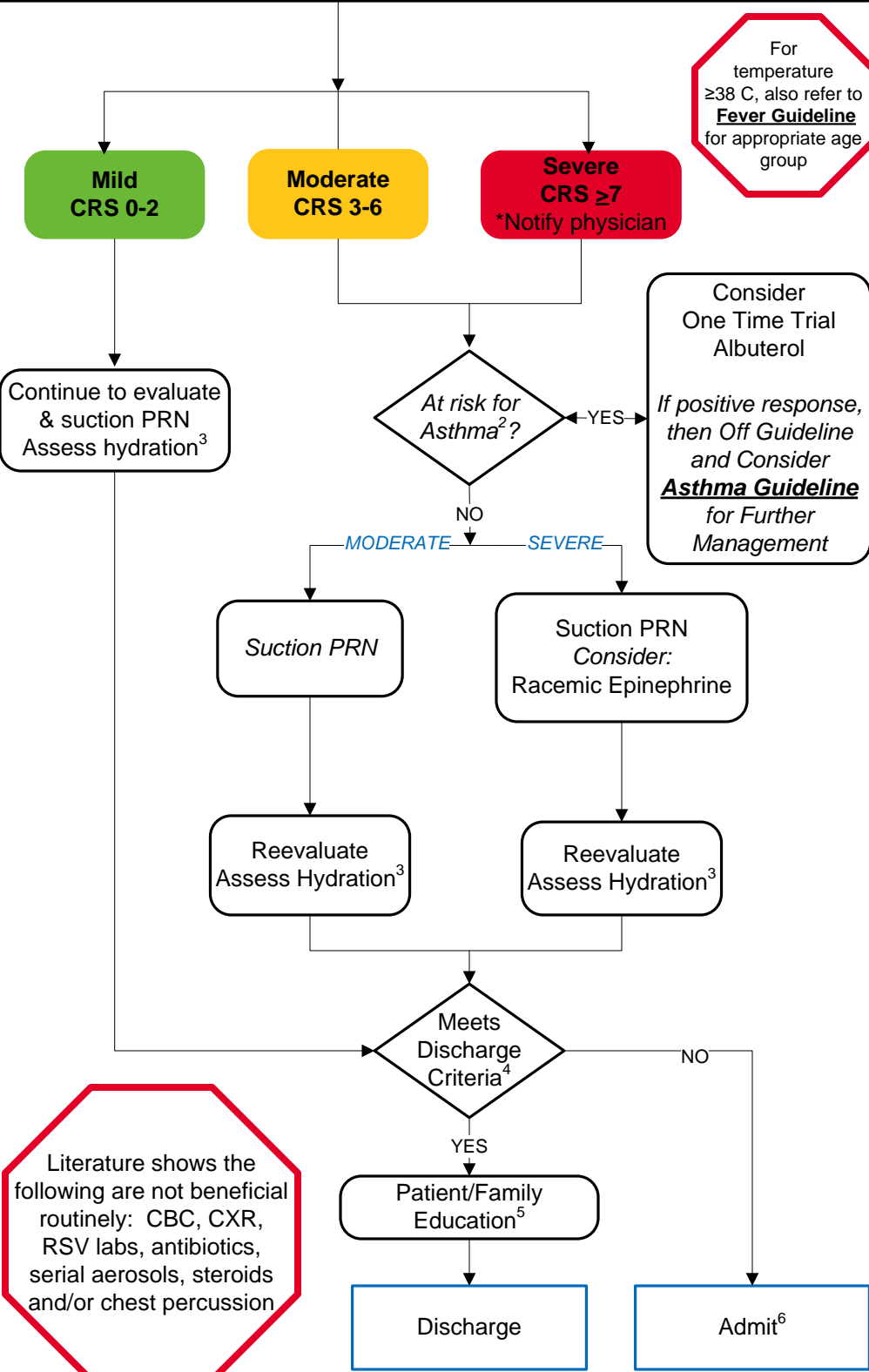
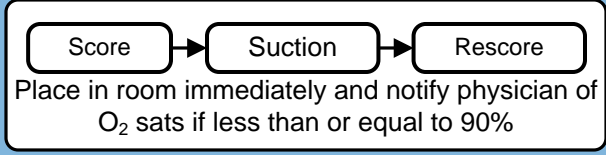
Clinical Practice Guideline for Bronchiolitis Management: Urgent Care

FINAL 10.4.18



Infants presenting with signs and symptoms of upper respiratory infection progressing to lower respiratory symptoms¹

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



¹Inclusion 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

²Risk 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 $\geq 90\%$ while awake ($\geq 88\%$ while asleep) or If severe respiratory distress

³Feeding/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**

⁴Discharge Criteria

Patient must meet all discharge criteria

- Room air sats consistently $\geq 90\%$ while awake or $\geq 88\%$ 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

⁵Patient/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

⁶Transfer to Emergency Department

- Persistent Significant work of breathing
- O₂ requirement to keep sats $\geq 90\%$, 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
- FiO₂ $\geq 50\%$
- 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