

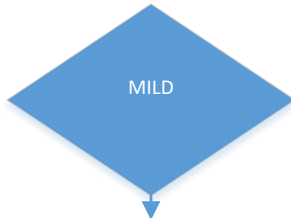
BRONCHIOLITIS PATHWAY

This Clinical Practice Flowchart is not intended to establish a protocol for all patients with a particular condition, nor is it intended to replace a clinician's clinical judgment. Adaptations may be necessary based on clinician judgment and unique patient characteristics.

- Inclusion criteria**
- <2y/o with clinical bronchiolitis
 - Prematurity and/or age <12 weeks may be included, but expect a more severe course of illness

- Exclusion Criteria**
- Prior diagnosis of asthma
 - Anatomic airway defects
 - Immunodeficiency
 - Congenital heart disease requiring medications
 - Significant lung disease (on O2 or meds)
 - Chronic, complex medical condition

- Admit Criteria**
- Dehydration/inability to tolerate PO
 - Moderate or severe distress
 - Hypoxemia (<90%)
 - Concern about output f/u



RT to assess Qshift + PRN
Suction PRN (bulb/nose frida)
Intermittent O2 monitoring
PO feeds
Discharge planning/education

- Discharge Criteria**
- Room air x 6-8 hours
 - No significant tachypnea or WOB
 - Able to maintain hydration
 - Appropriate f/u
 - Use .HPSBronchiolitisDC

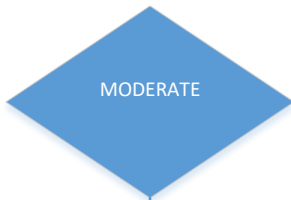
- Family Education**
- Viral illness, treated by supportive care (suction/hydration)
 - Signs of respiratory distress
 - When/how to suction
 - Small volume/frequent feeds
 - Cough may last 2-4 weeks, do not use OTC cough/cold meds
 - Avoid tobacco smoke
 - SIDS education

RESPIRATORY ASSESSMENTS
The highest rating in any of the categories below dictates the patient's starting position on the pathway. All moderate assessments, or a mix of mild and moderate would indicate a starting position in the moderate classification.

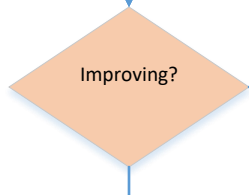
History & Physical Exam: Identify risk factors for severe disease, prior wheezing, WOB, mental status, vitals, O2 req

RT ASSESSMENT
(see below chart)

Initiate Oxygen for sats persistently <90%
If sats >90% for one hour, wean by 0.5 L every hour for goal sats ≥ 90%



RT to assess Q4hr + PRN;
Suction bulb/wall;
Intermittent O2 checks if on RA; continuous if on O2 IV/NG (NG preferred for infants) if needed, or PO

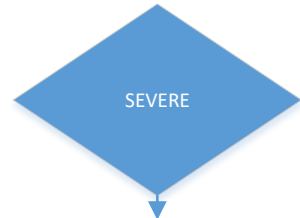


Advance to Moderate Pathway after 2 consecutive assessments in the Moderate range.

Advance to Mild Pathway once 2 consecutive assessments in the Mild range.

- Therapies NOT routinely recommended:**
- CXR
 - Labs
 - Antibiotics
 - Corticosteroids
 - Chest Physiotherapy
 - Albuterol
 - Racemic epinephrine
 - Hypertonic saline nebs

Consider albuterol trial if moderate/severe and >12 mo AND recurrent wheezing/prior ICS use. If positive response, DOCUMENT in chart and change to Asthma Pathway



RT to assess Q2hr
Suction Q2-4(wall)
CR monitor
NPO and IVF

HFNC Initiation PAUSE for severe distress:
Optimize suctioning
Swaddle, hold pt
Antipyretic
Low Flow O2 (1L if 30-90d, 1.5L if 91d-6 mo, 2L if 6mo-2y)

Huddle (MD/RT/RN) to Consider consult PICU for high flow nasal cannula Consider CXR Consider CBG if altered mental status

If at any time pt exhibits the following signs, initiate MET or consult PICU:

- Lethargy/altered MS
- Inappropriately low RR with worsening obstruction
- Apnea
- Poor perfusion/shock

		Mild (0)	Moderate (1)	Severe (2)
RR	< 3 months	30-60	61-80	> 80
	3 - < 12 months	25-50	51-70	> 70
	1y - 2y	20-40	41-60	> 60
WOB		None or mild	Intercostal retractions	Nasal flaring, grunting, head bobbing
Mental Status		Baseline	Fussy or anxious	Lethargic or inconsolable
Oxygen Requirement		None*	Any	Any