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 outpt f/u

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%

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

MILD

MODERATE

SEVERE

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

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

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

Improving?

NO

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

YES

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

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

		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

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