

Guideline Highlights

Bronchiolitis

| | |
|--------------------------|---|
| Focus Population: | Age 1 year or less admitted for first time episode of Bronchiolitis |
| Exclude: | Cystic fibrosis, BPD, immunodeficiencies, ventilator care, ICU need, or other severe comorbid condition |
| Goal: | Patient is clinically stable, well oxygenated and hydrated |

General

1. Usually due to RSV and is self-limiting.
2. Wheezing usually due to edema, not bronchospasm.
3. Bronchiolitis is a clinical diagnosis. Laboratory evaluations such as RSV swabs, chest x-rays, and other studies DO NOT support quality decision-making and may lead to further unnecessary testing and admissions. Use only as indicated for diagnosis of comorbid condition.
4. Hospitalization is considered for monitoring clinical status, for maintaining airway patency, oxygenation and hydration, and for parent education.

Recommendations

1. Respiratory contact isolation to reduce nosocomial infection.
2. If trial inhalation treatment is ordered, suction prior to treatment and administer treatment only if post-suction respiratory score >2.
3. Continue inhalation treatments only in patients that show a documented clinical improvement response. (Compare pre-treatment (post-suction) to post-treatment respiratory score.)
4. Maintain nasal patency by suctioning; before feeding, before inhalation treatments, and PRN.
5. Oximetry spot checks if hypoxia suspected from clinical assessment.
6. Supplemental oxygen if cyanotic or oximetry spot checks consistently below 91% at rest on room air.
7. Encourage oral fluid intake for hydration, use IV only if necessary.
8. Minimizing IV use, oxygen therapy, and use of continuous monitoring devices will act to reduce length of stay.
9. Antibiotics are **not** recommended in the absence of an identified bacterial focus.
10. Routine use of inhalations, steroids, respiratory therapies such as CPT, or over the counter cold and cough remedies are generally **not** recommended.
11. Educate parents about nasal suctioning, signs and symptoms of worsening hydration and respiratory status, and safety issues regarding over the counter cold and cough remedies in this patient population.

Discharge Criteria

1. Respiratory rate usually < 70/min
2. Room air or eligible for stable home oxygen therapy
3. Taking oral feedings adequately to prevent dehydration
4. Not on IV medication.
5. Family understands course of disease, is competent in care, and is able to assess clinical status.
6. Follow-up appointment scheduled.