

**BRONCHIOLITIS**  
**RESPIRATORY SHEET**

**MUST INCLUDE DATE AND TIME**

Date		Flow Rate		Initials	Signature
Time (Military Time)		O2 Delivery Device			
Oxygen Saturation (%)		Heart Rate			

**TREATMENT IS RECOMMENDED FOR A SCORE OF 3 OR HIGHER**

		Pre Suction Score	Post Suction Score
<b>Respiratory Rate</b> 0) Normal 1) Above Tachypnea Threshold (infant greater than 50)			
<b>Accessory Muscles</b> 0) Normal 1) Retractions/Substernal/Subcostal/Intercostal 2) Neck or Abdominal Muscles			
<b>Air Exchange</b> 0) Normal 1) Localized Decreased 2) Multi Areas Decreased			
<b>Wheezes</b> 0) None/ End Expiratory 1) Entire Expiratory 2) Entire Expiration and Inhalation			
<b>I:E Ratio</b> 0) Less or Equal to 1:2 1) Greater than 1:3			
<b>Total</b>			
<b>Initials</b>	<b>Time</b>		
<input type="checkbox"/> Treatment not recommended. Comments:			

		Pre Treatment Score	15-30 Minute Post Treatment Score
<b>Respiratory Rate</b> 0) Normal 1) Above Tachypnea Threshold (infant greater than 50)			
<b>Accessory Muscles</b> 0) Normal 1) Retractions/Substernal/Subcostal/Intercostal 2) Neck or Abdominal Muscles			
<b>Air Exchange</b> 0) Normal 1) Localized Decreased 2) Multi Area Decreased			
<b>Wheezes</b> 0) None/ End Expiratory 1) Entire Expiration 2) Entire Expiration and Inhalation			
<b>I:E Ratio</b> 0) Less or equal to 1:2 1) Greater than 1:3			
<b>Total</b>			
<b>Initials</b>	<b>Time</b>		
		<input type="checkbox"/> Albuterol <input type="checkbox"/> Racemic Epinephrine	
<input type="checkbox"/> Improved with treatment. Further treatments indicated. Comments:			