

Guideline Highlights

Bronchiolitis

Focus Population: Less than 12 months of age presenting for a 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. Bronchiolitis is usually due to RSV and is self-limiting.
2. Otherwise healthy infants with bronchiolitis who are less than 3 months of age or who were born prematurely are at particular risk for hospitalization and significant morbidity.

Recommendations

1. Respiratory contact precautions are recommended for hospitalized infants to prevent nosocomial infections.
2. Bronchiolitis is a clinical diagnosis, based on the clinician's interpretation of findings from the clinical history and physical examination.
3. Routine diagnostic studies are not recommended.
4. Start supplemental oxygen if oximetry spot checks are consistently below 91% at rest on room air.
5. Scheduled or serial albuterol are not recommended for routine use.
6. A single administration trial of albuterol or epinephrine may be considered; repeat or continue only if clinical improvement is documented.
7. Other medications or routine respiratory care therapies are not recommended.
8. Nasal suctioning is important before feeding, before inhalation treatments, and PRN.
9. Monitoring is an important aspect of management, including:
 - frequent clinical assessment for respiratory status and hydration
 - consider cardiac and respiratory rate monitoring in the acutely ill hospitalized infant
 - scheduled spot checks of pulse oximetry (continuous monitoring is associated with increased LOS)
10. Educate the family about nasal suctioning, signs and symptoms of worsening hydration and respiratory conditions, and the expected clinical course.
11. Educate the family about prevention of respiratory infections in infants.

Discharge Criteria

1. Respiratory rate usually < 70/min, and no clinical evidence of increased work of breathing.
2. Room air or eligible for stable home oxygen therapy.
3. Taking oral feedings adequately to prevent dehydration.
4. Family understands course of disease, is competent in care (including bulb suctioning), and is able to assess clinical status.
5. Follow-up appointment scheduled.