OUTPATIENT
GUIDELINEBRONCHIOLITIS
(Age < 2 years)</th>



The following are NOT

AAP guidelines:

Viral testing

Antibiotics

Consider CXR if:

CXR

•

Corticosteroids

routinely recommended in

3% saline or racemic epi

High fever late in illness

being afebrile without the

medication for \geq 24 hours

Hepatomegaly or concern

Fever that recurs after

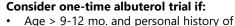
use of fever-reducing

for cardiac disease

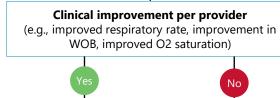
Chest Physiotherapy

DEFINITION

Bronchiolitis is a clinical diagnosis, caused by a variety of viruses in children less than two years old. Patients typically have runny nose, cough, wheezing/crackling, trouble breathing and/or low-grade fever.



- wheezing responsive to albuterol; personal history of atopy; or strong immediate family history of asthma
- Not indicated if < 9 mo.

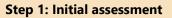


"Albuterol responsive" Consider albuterol MDI prn

EXCLUSION GUIDELINES

Patients **excluded** from this guideline:

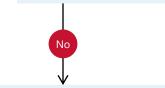
- Cardiac disease
- Chronic lung disease
- Critically ill
- Neurologic impairment
- Immunodeficiency
- Genetic difference



- 1. Contact/droplet precautions
- 2. Suction
- 3. Start O_2 for sustained sats < 90
- 4. PO liquid trial if poor PO

Any of the following present after step 1?

- High Work of Breathing (WOB)
- O_2 sats < 90
- Failed PO trial + signs dehydrated (needs IVF/NG)
 - Barrier to outpatient management
- History of apnea at home
- Consider if, \leq 5 kg AND *either* < 6 wks *or* BW \leq 2 kg



Discharge home (consider follow-up in 1–3 days if not improving)

- Consider albuterol for home use only if "responder"
- Review anticipatory guidance and supportive cares
- Educate on suctioning at home options
- Update immunizations if applicable

Yes

Transfer to Emergency Department via EMS. 559-353-5803

Once the decision has been made to admit the patient please discuss/defer additional tests/treatments (e.g., CXR) with admitting provider

Disclaimer: This decision support document is designed for general use with most patients; each clinician should use his or her own independent judgment to meet the needs of each individual patient. This guideline is not a substitute for professional medical advice, diagnosis or treatment.

"Non-responder"

No further bronchodilators

INPATIENT GUIDELINE

BRONCHIOLITIS

(Age < 2 years)



The following are NOT routinely recommended in AAP guidelines:

- ٠ Albuterol
- Antibiotics
- Chest Physiotherapy ٠
- Corticosteroids
- CXR •
- Racemic epinephrine
- 3% saline ٠
- Non-targeted viral testing ٠

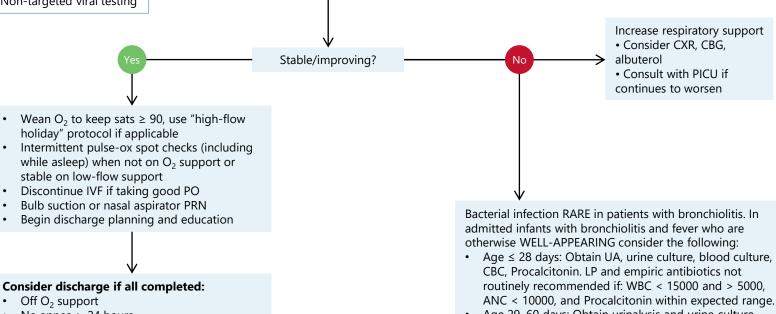
Initial management:

- Contact/droplet precautions ٠
- IVF/NG if insufficient PO and/or unsafe to feed due to high WOB
- Continuous pulse-ox if on HFNC or clinically worsening ٠
- Provide O_2 support for sustained sats < 90 •
- Consider albuterol trial if previously responsive (See ED guideline for trial protocol)

EXCLUSION GUIDELINES

Patients excluded from this guideline:

- Cardiac disease
- Chronic lung disease
- Critically ill
- Neurologic impairment
- Immunodeficiency
- Genetic difference



• Age 29-60 days: Obtain urinalysis and urine culture. Blood culture, LP, and empiric antibiotics not routinely recommended.

holiday" protocol if applicable

- while asleep) when not on O_2 support or stable on low-flow support
- Discontinue IVF if taking good PO
- Bulb suction or nasal aspirator PRN
- Begin discharge planning and education

Consider discharge if all completed:

- Off O₂ support
- No apnea > 24 hours
- Taking adequate PO
- RN educate on suctioning at home options

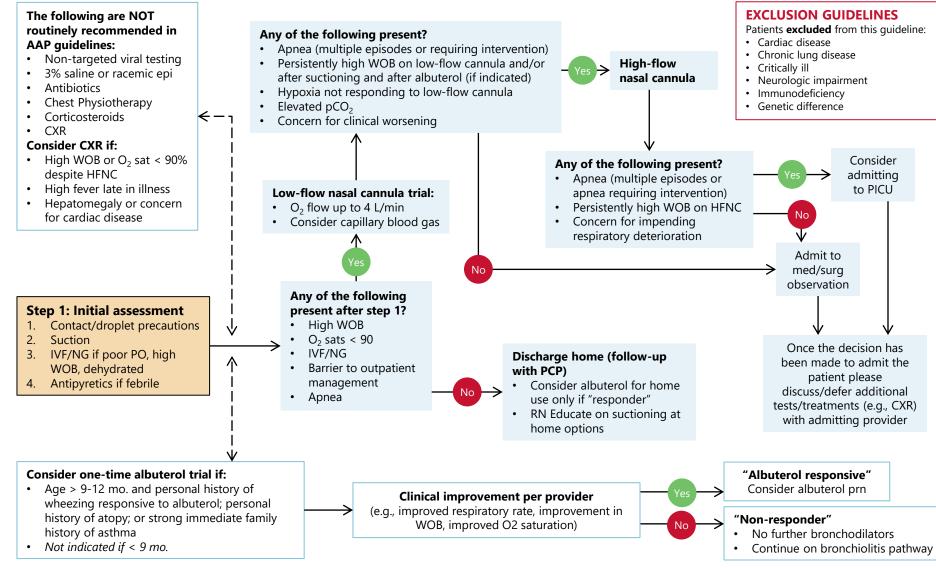
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ED GUIDELINE

BRONCHIOLITIS

(Age < 2 years)





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Reviewer: Boe, Bryan, Keosheyan, Kinnison, Lehman, Odom, Osburn, Sosa, Webb Rev 11/22 | Exp 11/25

Adapted with permission from Children's Minnesota: https://www.childrensmn.org/references/cds/bronchiolitis-guidelines.pdf

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BRONCHIOLITIS

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