Pediatric Bronchiolitis Pathway - ED

COMMUNITY MEDICAL CENTER

Includes: Patients 1 month (44 weeks corrected GA) to 2 years with clinical bronchiolitis (nasal congestion, respiratory distress, ronchi/wheeze or coarse crackles +/- hypoxemia)
Excludes: Patients with medical complexity (chronic lung disease, cardiac disease, immunodeficiency, airway disease or malformations, technology dependent)

Focused assessment, start nasal cannula O2 for SpO2 < 90%

Suction nares:
- Use olive tip / BBG suction; if not effective, may use NP suction catheter
- Use saline drops if thick secretions
- Teach family suction technique for bulb or other home suction

Assess hydration:
- If patient severely distressed or severely dehydrated, start IV fluids with initial bolus of 20 cc/kg NS as indicated
- For mild or moderate dehydration, trial small frequent oral feeds: If unsuccessful, NG (Pedialyte) or IV hydration are both effective

Consider influenza testing:
- Testing for other viruses not routinely recommended, but if patient would meet criteria for oseltamivir treatment or has high-risk contacts who would require prophylaxis, obtain influenza test

Consider albuterol:
- Generally not of benefit, trial ONLY if severe distress or if strong personal or family history of atopy (eczema, allergies, asthma)

NOT routinely recommended:
- Albuterol
- Corticosteroids
- Racemic epi
- Antibiotics

Routine CXR NOT recommended

Routine laboratory testing, other than influenza, NOT recommended

Reevaluation, decision regarding admission

Recommend admission if:
- Hypoxemia <90% (other than very brief dips)
- Inability to maintain hydration orally
- Signs of moderate respiratory distress:
  - Tachypnea for age
  - Suprasternal, intercostal, subcostal retractions
  - Head bobbing , nasal flaring
  - Grunting
- Consider if: < 2 months or early in course of illness, or poor family supports

Recommend admission to PICU if:
- Apneic events
- Severe respiratory distress
- Lethargy / Poor perfusion

Discharge Instruction/Teaching:
- PCP follow up within 48 hours
- Family education:
  - Viral illness; needs supportive care
  - Suction nares if patient appears more distressed, and prior to feeds or naps
  - Frequent small feeds to stay hydrated
  - Do not use OTC cough and cold medications
  - Avoid environmental tobacco smoke
- Return if:
  - Any cyanosis (immediate)
  - Less than 3 wet diapers per day OR feeding poorly
  - Signs or symptoms of respiratory distress (review with family)

For pediatric hospitalist phone consultation or transfer, call Community Referral Line: 406-327-4726

Last updated 6/2020