

# Bronchiolitis Pathway - ED

**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)