

Initial patient assessment:

- Assess O2 sat. Supplemental oxygen for O2 sat < 90% for at least 1 minute: Initiate 0.5L NC for <6months, 1L for ≥ 6months, titrate to maintain O2 sat ≥ 90%.
- Max 2 lpm NC O2. If higher rates needed, refer to HFNC pathway.
- Assess need for IV/NGT hydration: poor oral intake, poor UOP, RR > 60

Nasal suction and then obtain Respiratory Score

MILD
Respiratory Score 1-4

Refer to admission and discharge criteria

MODERATE
Respiratory Score 5-8

SEVERE
Respiratory Score 9-12

Consider trial of nebulized normal saline and repeat score in 30 minutes

Trial successful?
RS improves ≥ 2

Order treatment PRN

Consider trial of nebulized albuterol and repeat score in 30 minutes

Trial successful?
RS improves ≥ 2

Is bronchiolitis the primary pathology? (vs. asthma)

Respiratory Score 5-8

Respiratory Score 9-12

Consider HFNC/Non Invasive ventilation/Intubation

-Refer to Floor and PCCU admission guidance (see below)
-For floor admission, refer to Inpatient Bronchiolitis Pathway or Inpatient HFNC Pathway for further monitoring and management while awaiting transfer

Inclusion criteria:

- Age < 24 months
- Symptoms of bronchiolitis: cough, nasal congestion, difficulty breathing
- Signs of bronchiolitis: tachypnea, retractions, wheezing, crackles

Exclusion criteria:

- Chronic lung disease (BPD, interstitial lung disease)
- Congenital heart disease AND on medication for CHF, pulmonary hypertension, or cyanotic heart disease
- Anatomic airway defects
- Neuromuscular disease
- Immunodeficiency
- Prior diagnosis of asthma or ≥ 2 wheeze episodes in a year
- Appearing toxic or critically ill

Tests/Treatments NOT ROUTINELY RECOMMENDED:

Tests:

- Viral testing
- Chest X-ray
- Labs- CBC, electrolytes, blood gas

Treatments:

- Nebulized normal saline
- Albuterol
- Racemic epinephrine
- Corticosteroids
- Antibiotics
- Anticholinergic medications
- Hypertonic saline

ED Discharge Criteria:

- O2 sat ≥ 90%
- RS ≤ 4
- Respiratory rate < 60
- Mild-moderate work of breathing
- Adequate oral intake
- Reliable caregiver
- Follow-up care available
- MDI/spacer teaching if responsive to albuterol

Criteria to Consider Admission:

Absolute:

- Witnessed apnea
- RSV+ in age < 28 days
- O2 sat persistently < 90 %
- Inadequate oral intake
- RS ≥ 9
- Respiratory rate > 70
- Severe retractions
- HFNC / CPAP / intubation

Relative (strongly consider admit if > 1):

- Gestational age < 37 weeks
- Age < 3 months
- Difficulty feeding
- Respiratory rate > 60
- Moderate retractions

Consider Floor Admission on HFNC when:

- Stable on HFNC with RS ≤ 8 for at least 1 hour in ED
- Corrected GA > 40wks
- Consider floor for HFNC:
 - < 6 months: ≤ 6 lpm
 - ≥ 6 months: ≤ 8 lpm

Consider PCCU Admission on HFNC when:

- Corrected GA < 40 weeks
- Apnea
- Toxic/ill appearance
- RS ≥ 9
- HFNC:
 - < 6 months: > 6 lpm
 - ≥ 6 months: > 8 lpm