Child Presents to Primary Care or Urgent Care with Suspected Bronchiolitis

Inclusion Criteria: Age 30 days – 23 months with viral respiratory symptoms +/- wheezing & increased work of breathing

(See Box 1 for Exclusion Criteria)

Box 1: Exclusion Criteria

- Born < 32 weeks gestation
- Cardiac disease requiring home medications
- Chronic lung disease or on home oxygen or requires airway clearance support at baseline for any reason
- Significant neuromuscular disease (requires assistance with breathing and/or feeding); known or suspected dysphagia
- Presenting with apnea
- Patient requiring immediate HFNC, CPAP, BiPAP or intubation for respiratory failure

Perform Bronchiolitis Assessment

Severity Indicator	Low Concern	Moderate Concern	Severe Concern
Heart Rate	<2 mos: <160 bpm 2-11 mos: <150 bpm 1-2 yrs: <140 bpm	<2 mos: 160-180 bpm 2-11 mos: 150-170 bpm 1-2 yrs:140-160 bpm	<2 mos: > 181 bpm 2-12 mos:> 171 bpm 1-2 yrs: <161 bpm
Respiratory Rate	< 2 mos: < 60 bpm 2-11 mos: < 50 bpm 1-2 yrs: < 40 bpm	< 2 mos: 60-70 bpm 2-11 mos:50-60 bpm 1-2 yrs: 40-50 bpm	< 2 mos: > 71 bpm 2-11 mos: > 61 bpm 1-2 yrs: > 51 bpm
Oxygenation	SpO2 ≥93% on room air	SpO2 90-92% on room air	SpO2 < 89% on room air
Work of Breathing	Comfortable, Mild or no retractions	Uncomfortable, use of accessory muscles, retractions, or nasal flaring	Distressed, severe retractions with grunting or head-bobbing
Feeding	Normal to mildly decreased	Decreased (~50% of usual)	Refusing to feed
Auscultation			Diminished breath sounds, diffuse wheeze, or marked prolonged expiration

Albuterol is not recommended for bronchiolitis

Place patient in concern category severity based on highest indicator in any single category

Box 2: Additional Considerations for Admission

- Immunodeficiency/immunosuppression
- Age < 3 months (10-12 weeks)

Low Concern

Review **Mild** Supportive Care

Counsel on outpatient supportive therapy options

Discharge Criteria

- Low concern
- May consider discharge for patients with O2 saturation 90-92% on RA on case by case basis
- Able to feed to maintain hydration
- Discharge education

Suctioning	Schedule follow-up
Frequent feeding	Return precautions
Smoking cessation	Provide written handouts when applicable

Moderate Concern

Trial **Moderate** supportive care measures ***in office*** if clinical capacity allows

Suggested in office supportive care options:

- Administer antipyretic if febrile
- Nasal suction with bulb syringe and saline
- Feeding trial

After supportive therapy trial (if any), repeat bronchiolitis assessment

Discharge criteria met?

YES

NO

Refer to ED^

Severe Concern

Refer to ED^

^When to Use EMS for Transport

- Severe tachypnea
- Bradypnea or apnea
- Severe retractions, nasal flaring, or grunting
- Mental status changes or decrease level of alertness from respiratory effort
- Pulse oximetry < 90 (Consider < 93% dependent on family circumstances and travel time)
- Any infant on supplement oxygen

Recommended Supportive Therapy Options:	
Feeds	• Recommend lower volume, more frequent feedings • If vomiting, consider electrolyte drink (e.g Pedialyte®)
Suction	• Bulb suction
Fever Management	• First line: acetaminophen 15mg/kg/dose every 6 hours prn for temp ≥ 38 C • Second line (only if > 6 months of age): ibuprofen 10mg/kg/dose every 6 hours prn for temp ≥ 38 C and inadequate response 60 minutes after first line dose
Diagnostics and Therapeutics Not Routinely Recommended	
Antibiotics	• Do NOT prescribe antibiotics without evidence of bacterial infection (e.g. otitis media, pneumonia)
Albuterol	• Studies have shown NO benefit for albuterol treatment in infants with typical bronchiolitis. (*An albuterol trial may be considered in children with features suggestive of possible asthma, such as: recurrent wheezing, age > 12 months, family history of asthma, prior inhaled corticosteroid use)*
Other Therapeutics	• Corticosteroids and nebulized hypertonic saline are NOT recommended for bronchiolitis
Viral Testing	• Viral testing is NOT routinely recommended but may be considered for infection control purposes and shared decision making with family
Chest X-ray	• Chest X-ray is NOT recommended in initial evaluation of uncomplicated bronchiolitis