

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

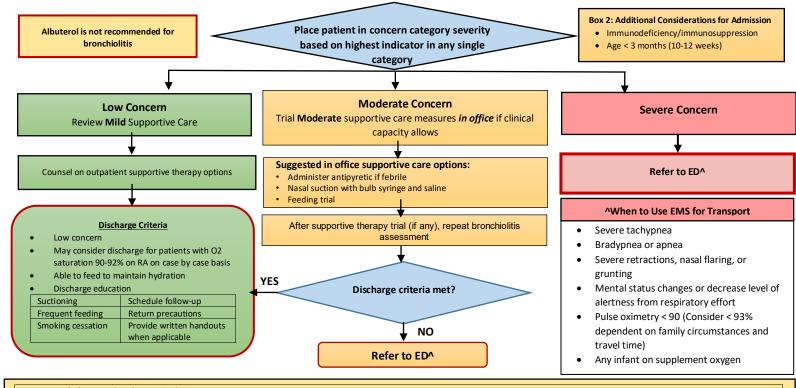
(See Box 1 for Exclusion Criteria)

Perform Bronchiolitis Assessment

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

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



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 pm for temp ≥ 38 C Second line (only if > 6 months of age): ibuprofen 10mg/kg/dose every 6 hours pm 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	