

CLINICAL PATHWAY: Bronchiolitis

THIS PATHWAY
SERVES AS A GUIDE
AND DOES NOT
REPLACE CLINICAL
JUDGMENT.

Inclusion Criteria: 1-24 mo old with bronchiolitis as primary diagnosis
Exclusion Criteria: Age <1 month or >24 months, prior wheezing episode, active cardiac disease, or congenital, chromosomal or neuromuscular abnormalities that may complicate the respiratory illness

Bronchiolitis is a clinical diagnosis. The following tests and treatments are **NOT** routinely indicated for the treatment of bronchiolitis:

- Chest x-ray
- Viral testing
- Chest physiotherapy
- Albuterol
- Steroids
- Racemic epinephrine
- Antibiotics

In ED:

- Provide supplemental oxygen if SpO₂ < 90%
- Nasal suction PRN (deep suction only for airway obstruction causing significant respiratory distress)
- Place NGT (preferred, if meets criteria*) or PIV if indicated (poor PO, dehydration, significant distress)
 - If needs fluid bolus via NGT: provide 20 ml/kg Pedialyte over 30-60 min

Admit to Medical/Surgical Unit

Admission criteria:

- Room air saturation < 90%,
- Moderate to severe WOB,
- Dehydration with inability to take adequate oral fluids,
- History of apnea and/or cyanosis,
- Concern about the ability of the child to be cared for as an outpatient

* NGT Criteria

Inclusion Criteria

- Infants with mild-moderate respiratory distress

Exclusion Criteria

- Severe respiratory distress with concern for respiratory failure
- Severe dehydration or shock
- Recurrent emesis
- Craniofacial abnormalities that make placing an NGT difficult
- Patient already has a GT or GJT

Supportive care:

- Nasal suction PRN (deep suction only for airway obstruction causing significant respiratory distress)
- Reposition PRN
- NGT feeds (preferred, if meets criteria*) or IVFs if indicated (poor PO, dehydration, significant distress)
- If needs fluid bolus via NGT:
 - provide 20 ml/kg pedialyte over 30-60 min; then for ongoing nutrition, can give pedialyte or formula/breastmilk as continuous or bolus feeds
- Patient/family education

Monitoring:

- Strict I/Os q8hr
- Continuous or intermittent pulse oximetry monitoring (per O₂ weaning and monitoring algorithm on [Appendix A](#))

Treatments:

- Provide supplemental oxygen for SpO₂ < 90% when awake or < 88% while asleep (see O₂ weaning and monitoring algorithm on [Appendix A](#))

No; clinically worsening

Consider:

- CXR
- Make NPO/hold NGT feeds
- Activate MET
- Step up of respiratory support, such as HFNC

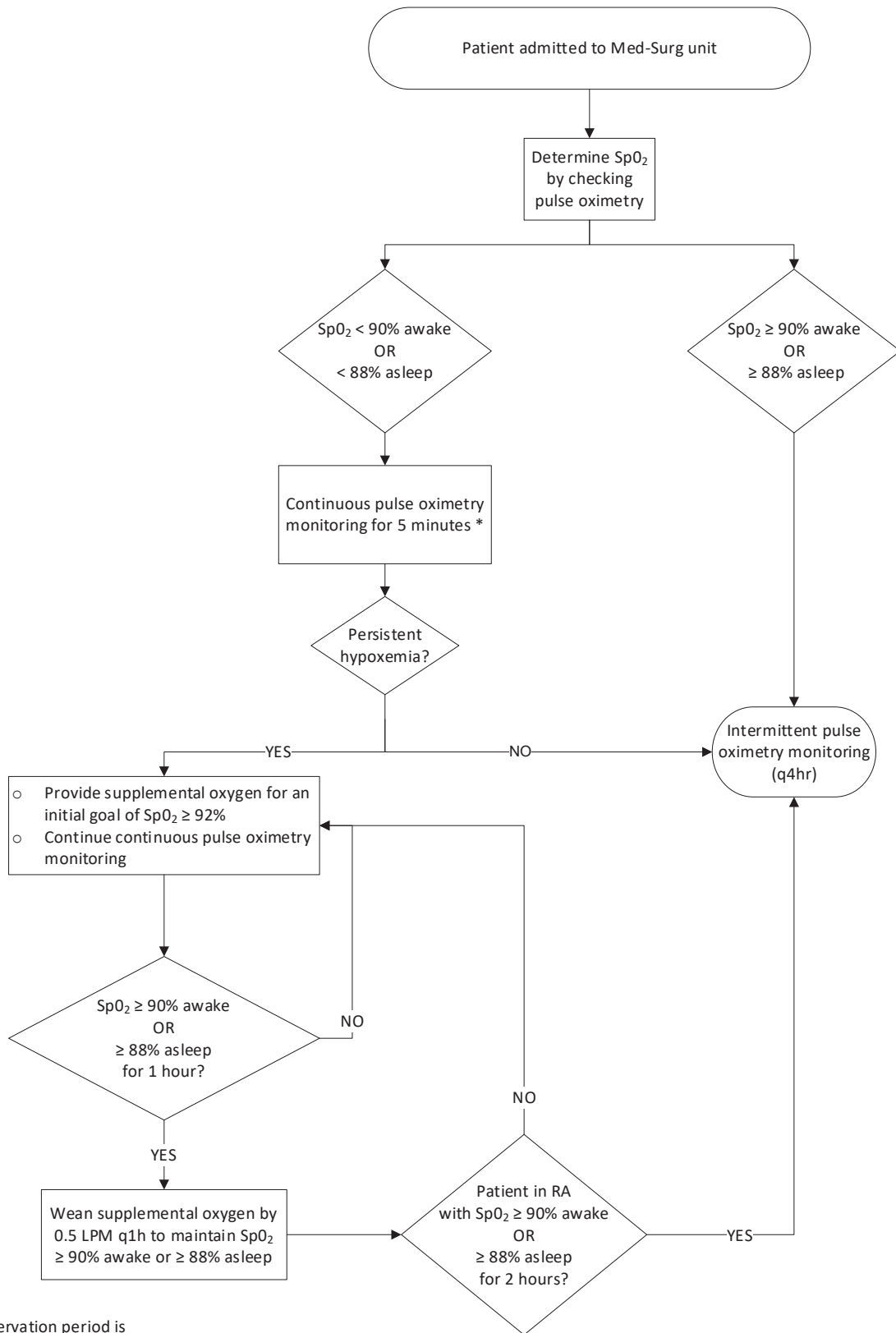
Stable or improving?

Yes

Continue care as above until discharge criteria met

Discharge Criteria:

- Room air saturation ≥ 88% asleep, ≥ 90% while awake for ≥ 4 hours
- Age appropriate respiratory rate without significant work of breathing; maintaining adequate hydration without need for IVFs or supplemental NGT feeds
- Caregiver education complete
- Responsible and capable parent(s) or guardian(s) to care for the child as an outpatient
- PCP identified and follow-up appointment made, as needed



* This observation period is waived if SpO₂ drops below 80%