Infants presenting with signs and symptoms of upper respiratory infection progressing to lower respiratory symptoms

**Score → Suction → Rescore**

Oxygen PRN to maintain sats >90% while awake (>88% while asleep) or if severe respiratory distress

Blue shaded area represents Caregiver Initiated Protocol for Bronchiolitis

**Mild CRS 0-2**

- Continue to evaluate & suction PRN
- Assess hydration

**Moderate CRS 3-6**

- Continue to evaluate & suction PRN
- Assess hydration

**Severe CRS ≥7**

- *Notify physician*
- Consider One Time Trial Albuterol
- If positive response, then Off Guideline and Consider Asthma Guideline for Further Management

**At risk for Asthma?**

- **YES**
  - **MODERATE**
  - **SEVERE**

**Suction PRN**

**Consider:**
- *High Flow Nasal Cannula* (Obtain blood gas)
- Racemic Epinephrine

**Reevaluate**

- **Assess Hydration**

**Meet Discharge Criteria?**

- **YES**
  - Patient/Family Education
  - Discharge

- **NO**
  - Admit

**CRS** = Clinical Respiratory Score

**HFNC** = High Flow Nasal Cannula

---

**1 Inclusion Criteria**

- Previously healthy infant
- 1-18 months of age
- Suspicion of diagnosis of bronchiolitis: upper respiratory symptoms such as rhinitis, coughing; lower respiratory signs such as wheezing, crackles, tachypnea, that may result in difficulty breathing and/or difficulty feeding

**Exclusion Criteria:**

- Toxic Appearance
- CLD (Chronic Lung Disease)
- Cardiac disease requiring baseline medications

**Isolation Standard**

- Per CDC/HICPAC Guidelines: Contact Droplet Isolation for the duration of the illness

**2 Risk for Asthma**

- Patient may be at increased risk for asthma if >12mo old:
  - with wheeze plus history of atopy OR
  - strong family history of atopy or asthma

**Respiratory**

- Suctioning: Oral, Bulb tip, or NP suctioning as needed; Wean to bulb suctioning

**Feeding/Hydration**

- PO feeding preferred if respiratory rate <60
- Intake of 75% maintenance fluid needs is adequate unless dehydrated
- NG feeds safe and nutritionally superior to IVF (Consider family preferences if unable to PO)
- Avoid hypotonic IVF (D5 1/4) due to risk SIADH induced hyponatremia

**3 Discharge Criteria**

- Patient must meet all discharge criteria
  - Room air sats consistently ≥ 90% while awake or ≥88% while asleep
  - Able to handle secretions or bulb suctioning only
  - Adequate activity & hydration
  - Home care needs arranged
  - Parent verbalizes/demonstrates understanding of: Natural history of the disease, bulb suctioning, and medications if indicated
  - Parents able to follow-up with PCP within 48 hours or access emergency care if needed

**4 Patient/Family Education**

- Nasal suctioning
- Signs/symptoms of respiratory distress
- Guidelines for feeding
- Review bronchiolitis teaching sheet
- No smoking in home & avoidance of other environmental pollutants

**5 Admission Criteria**

- Persistent Significant WOB or required HFNC
- O₂ requirement to keep sats ≥90% while awake consistently
- Unable to handle secretions or bulb suctioning
- Poor Feeding (Consider Nasogastric tube)
- Consider if history of apneic episode
- **Consider PICU admission if**
  - Multiple episodes of apnea (>1) or any episode requiring bagging
  - PCO₂ ≥ 55, 30-60 minutes after initiation HFNC
  - CRSc ≥ 9 despite initiation HFNC
  - HFNC Max: Less than 3 kg - PICU
    - 3-5kg: ≥4LPM
    - 5-10kg: ≥6 LPM
  - Greater than 10kg: ≥8LPM
  - FiO₂ ≥ 50%

---

Developed through the efforts of Children's Healthcare of Atlanta and physicians on Children's medical staff in the interest of advancing pediatric healthcare. This is a general guideline and does not represent a professional care standard governing providers' obligation to patients. Ultimately the patient's physician must determine the most appropriate care. © 2014 Children’s Healthcare of Atlanta, Inc.