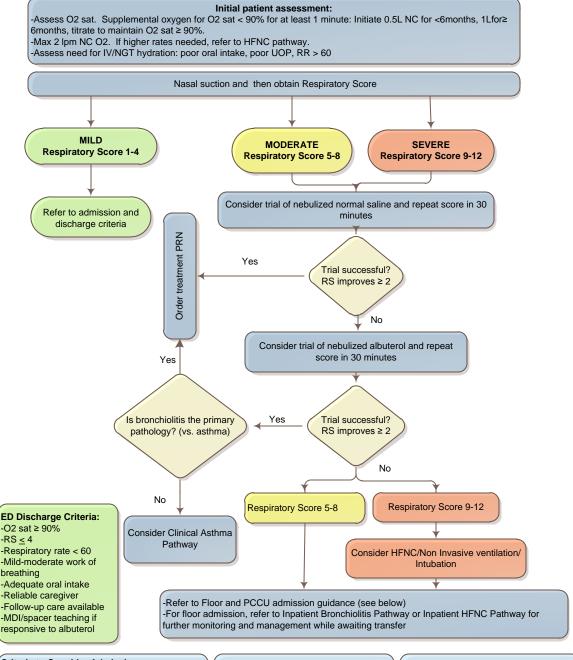


## Clinical Bronchiolitis Pathway: Emergency Department



### 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

### Criteria to Consider Admission:

## Absolute:

-Witnessed apnea

-RSV+ in age < 28 days -O2 sat persistently <90 %

-Inadequate oral intake

-RS <u>></u> 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