

Initial patient assessment:
 -Assess O2 sat. Supplemental oxygen for O2 sat < 90% for at least 1 minute: Initiate 0.5L NC for <6months, 1L for ≥ 6months, titrate to maintain O2 sat ≥ 90%
 -Max 2 lpm NC O2: if higher rates needed, refer to HFNC pathway.
 -Assess need for IV/NGT hydration: poor oral intake, poor UOP, RR > 60

Nasal suction and then obtain Respiratory Score

MILD
Respiratory Score 1-4

-Score q4h
 -Suction q4h prn
 -q4h pulse ox check unless on supplemental o2

MODERATE
Respiratory Score 5-8

-Score q2h
 -Suction q2h
 -q4h pulse ox check unless on supplemental o2

SEVERE
Respiratory Score 9-12

-Score q1h
 -Suction q1h
 -Continuous pulse ox
 - Consider IVF/NG feeds if RR>60

Respiratory Score (Frequency according to severity)

Respiratory Score 1-4

Refer to discharge criteria

Respiratory Score 5-8

-Continue as above
 -Follow guidance based on score

Respiratory Score 9-12

Consider trial of nebulized normal saline and repeat score in 30 minutes (If not previously tried)

Trial successful? RS improves ≥ 2

-Continue as above
 -Follow guidance based on score

Order treatment PRN.

Consider trial of nebulized albuterol and repeat score in 30 minutes (If not previously tried)

Trial successful? RS improves ≥ 2

Is bronchiolitis the primary pathology? (vs. asthma)

Refer to HFNC pathway

Consider Clinical Asthma Pathway

Escalation: if not eligible for floor HFNC pathway, consider PMET to arrange PCCU transfer

Floor Discharge Criteria (should meet ALL of the following):
 -O2 sat ≥ 90% for ≥ 12 hours
 -RS ≤ 4 for ≥ 12 hours
 -Off supplemental O2 ≥ 12 hours
 -No wall suction needed ≥ 6hours
 -Adequate oral intake
 -If apnea occurred, no further apnea for ≥ 48 hours
 -Parent teaching re: bulb suctioning and signs of respiratory distress completed

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

Weaning Oxygen
 -Attempt to wean supplemental O2 with each respiratory score
 -Titrate supplemental O2 to maintain O2 sat ≥ 90%
 -Once off supplemental O2 for ≥4h, change to intermittent pulse ox checks

Tests/Treatments NOT ROUTINELY RECOMMENDED:
Tests:
 -Viral testing (except for cohorting)
 -Chest X-ray
 -Labs- CBC, electrolytes, blood gas
Treatments:
 -Nebulized normal saline
 -Albuterol
 -Racemic epinephrine
 -Corticosteroids
 -Antibiotics
 -Anticholinergic medications
 -Hypertonic saline