Emergency department treatment for bronchiolitis (age < 2 years)

Aim: To improve compliance with AAP published guidelines for the management of bronchiolitis in infants.

Consider one-time albuterol trial if:
- Not indicated if < 6 mo.
- Age > 6 mo. & personal history of wheezing or eczema or immediate family history of asthma/atopy

Clinical improvement per provider after two hours of monitoring (e.g. improved respiratory rate, improvement in WOB, improved O2 saturation)

**DEFINITION**
Bronchiolitis is a clinical diagnosis, caused by a variety of viruses in children less than 2 years old. Patients typically have runny nose, coughing, wheezing, crackling, trouble breathing and/or low grade fever.

**EXCLUSION GUIDELINES**
- Patients excluded from this guideline:
  - Cardiac disease
  - Critically ill
  - Chronic lung disease
  - Neurologic impairment
  - Immunodeficiency
  - Dysgenetic/syndromic

**NOTES**
*(e.g. travel distance, safe transportation, weather conditions, capable caregiver)*

**Consider RSV testing for infants < 28 days with fever**

Step 1: Initial assessment
- Suction
- Contact/droplet precautions
- Start O2 for sustained sats < 90
- IVF/NG if poor PO, high WOB, dehydrated

Any of the following present after step 1 and 1-2 hours of monitoring?
- Increased WOB (e.g. retractions, nasal flaring, increased respiratory rate)
- O2 sats < 90
- IVF/NG
- Barrier to outpatient management*
- History of apnea at home
- Consider if, ≤5 kg AND either < 6 wks or BW ≤ 2 kg

**Consider CXR if:**
- Increased WOB or O2 sat < 90% despite oxygen supplementation
- High fever late in illness
- Hepatomegaly or concern for cardiac disease

**“Non-responder”**
- No further bronchodilators
- Consider albuterol prn

**“Albuterol responsive”**
- Consider albuterol prn

DISCHARGE HOME (follow-up with PCP within 1-3 days, or sooner if worsening)
- Consider albuterol for home use only if albuterol responsive
- Educate on suctioning at home options (e.g. bulb, nasal aspirator)

Any of the following present? (severe bronchiolitis)
- Apnea (multiple episodes or apnea requiring intervention)
- Concern for worsening respiratory distress or O2 needs > 2L

**YES**
Admit to facility with a PICU

**NO**
Admit to local hospital

Once the decision has been made to admit the patient please discuss safe mode of transport to admitting hospital and additional tests/treatments as indicated per admitting provider

**DISCLAIMER:**
This guideline is designed for general use with most patients; each clinician should use his or her own independent judgment to meet the needs of each individual patient. This guideline is not a substitute for professional medical advice, diagnosis or treatment.