Acute bronchiolitis in the outpatient and emergency department settings

**Goals:**
- Deliver high-quality, evidence-based care
- Reduce unnecessary interventions that may cause harm, increase cost and increase length of stay
- Provide education regarding best practices across the continuum of pediatric care

**Exclusion criteria:**
- Children younger than 2 months or older than 2 years
- Congenital heart disease
- Anatomic airway abnormality
- Chronic lung disease
- Immunodeficiency
- Neuromuscular disease
- History of wheezing in the absence of a viral illness
- Gestational age < 35 weeks
- Prior history requiring respiratory support (ventilator, CPAP, BiPAP, HFNC)
- Severe co-morbid disease
- Concern for sepsis

**History of URI symptoms, exposure to URI, poor feeding, fever or apnea**

- **Is physical exam consistent with bronchiolitis?**
  - **YES**
    - **Risk stratify patient**
      - **Mild:**
        - Alert, active
        - Feeding well
        - None, or minimal retractions
        - RR < 50
        - Stable, on room air
      - **Severe:**
        - Fussy, difficult to console
        - Poor feeding and patient is dehydrated
        - Moderate to severe retractions
        - RR > 70
        - Sats < 90% on RA
      - **Moderate:**
        - Alert, consoles easily
        - Feeding decreased, but patient is hydrated
        - Mild to moderate retractions
        - RR 50-69
        - Stable, on room air
      - **Interventions:**
        - Suction
        - Reposition
        - PO challenge, if respiratory status allows
        - IV/NG placement, if needed
        - Supplemental oxygen, if needed
      - **Admit to observation unit, inpatient unit or PICU according to clinical status and needs of patient**
  - **NO**
    - Exclude patients if exam is concerning for pneumonia, sepsis, foreign body, tumor, GERD or CHD

**Interventions:**
- Suction
- PO challenge
- Offer nasal suction device

**Stop**
- Risk stratify patient
- Is physical exam consistent with bronchiolitis?
- Reassess patient’s response to interventions

**Not recommended for routine care of bronchiolitis:**
- Chest X-ray
- Viral testing, unless concern for the flu
- CBC
- Blood culture
- Chest physiotherapy (CPT)
- Antibiotics
- Nebulized hypertonic saline
- Steroids
- Albuterol
- Racemic epinephrine
- Continuous pulse ox, if spot check is > 90%

**To view the guideline references, visit cookchildrens.org/sitecollectiondocuments/professionals/bronchiolitisreferences_CCHCS_22719.pdf**