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

Patient admitted to hospital with diagnosis of acute bronchiolitis and exam consistent with bronchiolitis

Begin education with family:
• When and how to use nasal suction device
• Signs of dehydration
• Signs of respiratory distress

Assess disease severity

Mild:
• Alert, active
• Feeding well
• None or minimal retractions
• RR < 60
• Stable, on room air

Severe:
• Fussy, difficult to console
• Poor feeding
• Poor air movement
• Severe retractions
• RR > 70
• Escalating oxygen requirement

Moderate:
• Alert, consoles easily
• Feeding decreased, but patient can maintain hydration
• Mild to moderate retractions
• RR 60-69
• Stable, on room air or current oxygen level

Interventions:
• Suction before feeds and with distress
• Reposition
• Adjust oxygen level, as needed, for hypoxemia
• Hold feeds if significantly increased RR or work of breathing
• Initiate NG feeds or start isotonic IV fluid, such as D5-NS
• Obtain blood gas if worsening clinical status
• Trial of racemic epinephrine if poor air movement despite other interventions

Interventions to consider:
• Suction before feeds and with distress
• Reposition
• PO challenge and wean IV fluids or NG feeds, as tolerated
• Wean oxygen, as tolerated
• Consider transition to spot check pulse ox

Discharge home with parent education and PCP follow-up

Suggested discharge criteria:
• RR < 60
• Off oxygen > six hours (can be adjusted based on age)
• No apneic episodes for at least 12-24 hours
• Feeding well enough to maintain hydration
• Teach about safe sleep and smoking cessation (if applicable)