INCLUSION
-28 d/o – 2 y/o
- Dx bronchiolitis

EXCLUSION
-No CV/Pulm disease or other chronic disease

CONSIDERATIONS
-2014 AAP Bronchiolitis Guidelines do not recommend use albuterol and/or racemic epinephrine
-It is not recommended to have patients on continuous oximetry if they are not on concurrent oxygen. (Society of Hospital Medicine: Pediatric Hospital Medicine Choosing Wisely Campaign 2013)
-2014 AAP Bronchiolitis Guidelines infer that 3% Hypertonic Saline may decrease LOS for patients with respiratory distress. (Evidence Quality: B; Recommendation Strength: Weak Recommendation [based on randomized controlled trials with inconsistent findings]).

Bronchiolitis Algorithm
Inpatient/Observation Unit

Admissions to OU or LC-21

Does the patient meet the bronchiolitis clinical care guideline criteria?

YES

- Add bronchiolitis to problem list
- Utilize bronchiolitis admission order set
- Mechanical suction to nasopharynx x1 with assessment & documentation of clinical response
- Consider O2 if SpO2 persistently <90%

Continue to assess need for suctioning up to nasopharynx Q4hr SpO2 spot checks while the patient is not on Oxygen
Consider NG or IV fluids as needed

NO

Does the patient meet the discharge criteria?

YES

Discharge home with instructions & follow-up care

1) No oxygen need
2) Minimal respiratory distress
3) Able to maintain adequate oral intake
4) Follow up care arranged

NO

END
Evidence

Al-Ansari K, Sakran M, Davidson BL, Sayyed RE, Mahjoub H, Ibrahim K. Nebulized 5% or 3% Hypertonic or 0.9% Saline for Treating Acute Bronchiolitis in Infants. *Journal of Pediatrics* 2010; 157: 630-4.


Evidence


Sharma BS, Gupta MK, Rafik SP. Hypertonic (3%) saline vs 0.9% saline nebulization for acute viral bronchiolitis: a randomized controlled trial. *Indian Pediatr*. 2013 Aug;50(8):743-7.