

Bronchiolitis

Clinical Practice Guideline

Inclusion Criteria:

Age less than 2 years

Clinical symptoms of viral Upper Respiratory Infection (URI)- cough, congestion, respiratory distress, tachypnea, difficulty feeding, wheeze, fever, etc.

Exclusion Criteria:

Cardiac disease requiring medication

Anatomic airway defects

Neuromuscular disease

Immunodeficiency

Chronic lung disease

Clinical Recommendations Summary:

The following are not routinely recommended:

- Viral testing (except febrile infants less than 28 days or if influenza or Covid suspected)
- Chest XR
- Albuterol
- Steroids
- Racemic Epinephrine
- Antibiotics
- Chest physiotherapy
- Hypertonic Saline
- Montelukast

Risk Factors for Severe Course of Illness:

- Less than 12 weeks of age
- History of Prematurity less than 36 weeks

Mary Bridge Children's clinical practice guidelines are based upon publicly available medical evidence. Guidelines are intended to be a guide for practitioners and should not substitute for appropriate medical advice or situationally appropriate medical decision making. Guidelines should be adapted as clinically appropriate based on patient characteristics, circumstances, resources, or specific patient/family needs or wishes.

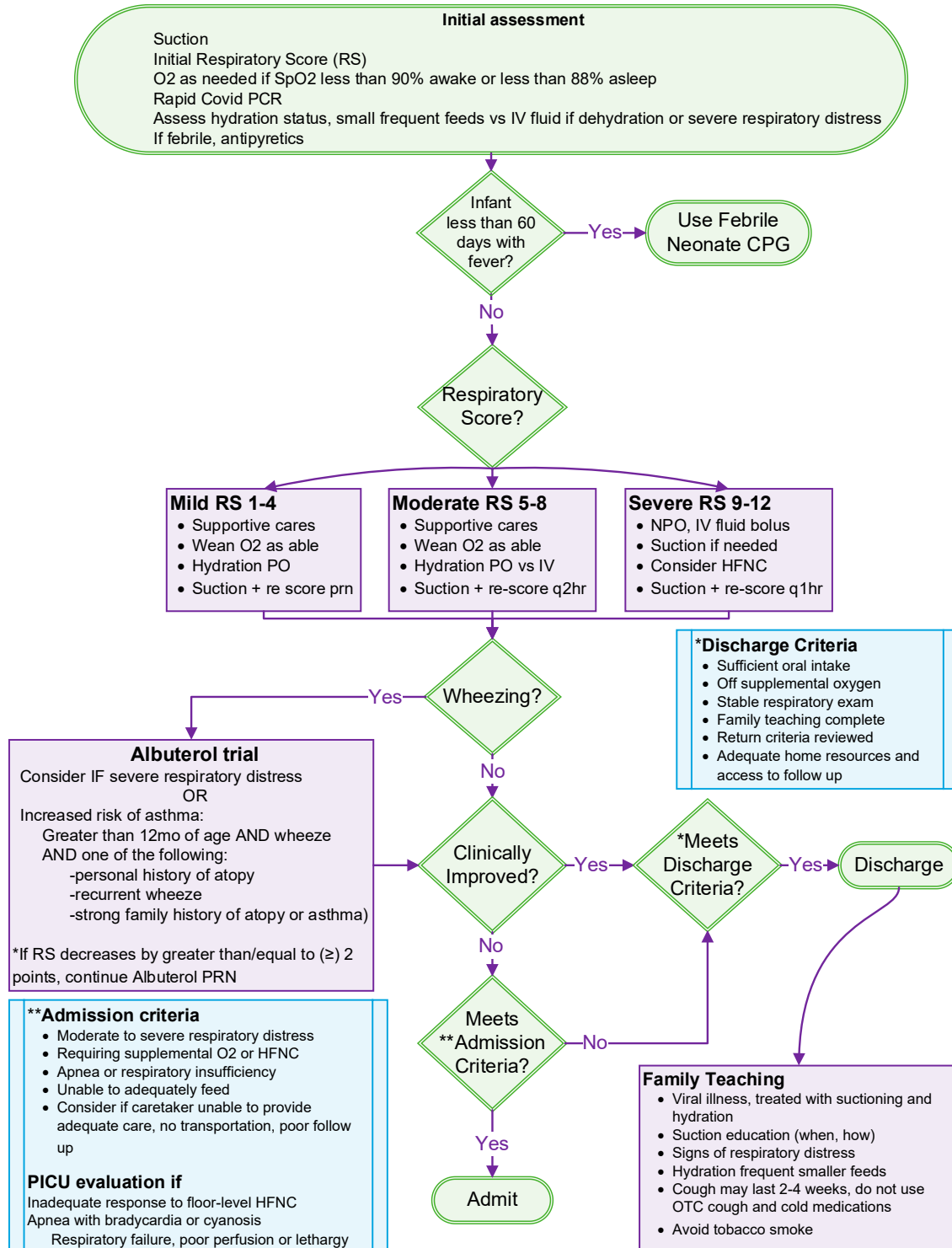
Every effort is made to ensure that clinical practice guidelines are current at the time of publication without guarantee that guidelines are accurate or complete. Decisions to apply clinical practice guidelines and responsibility for any patient outcomes are the responsibility of individual practitioner.

For educational reference only; not intended as medical orders from Mary Bridge Children's / MultiCare Health System.

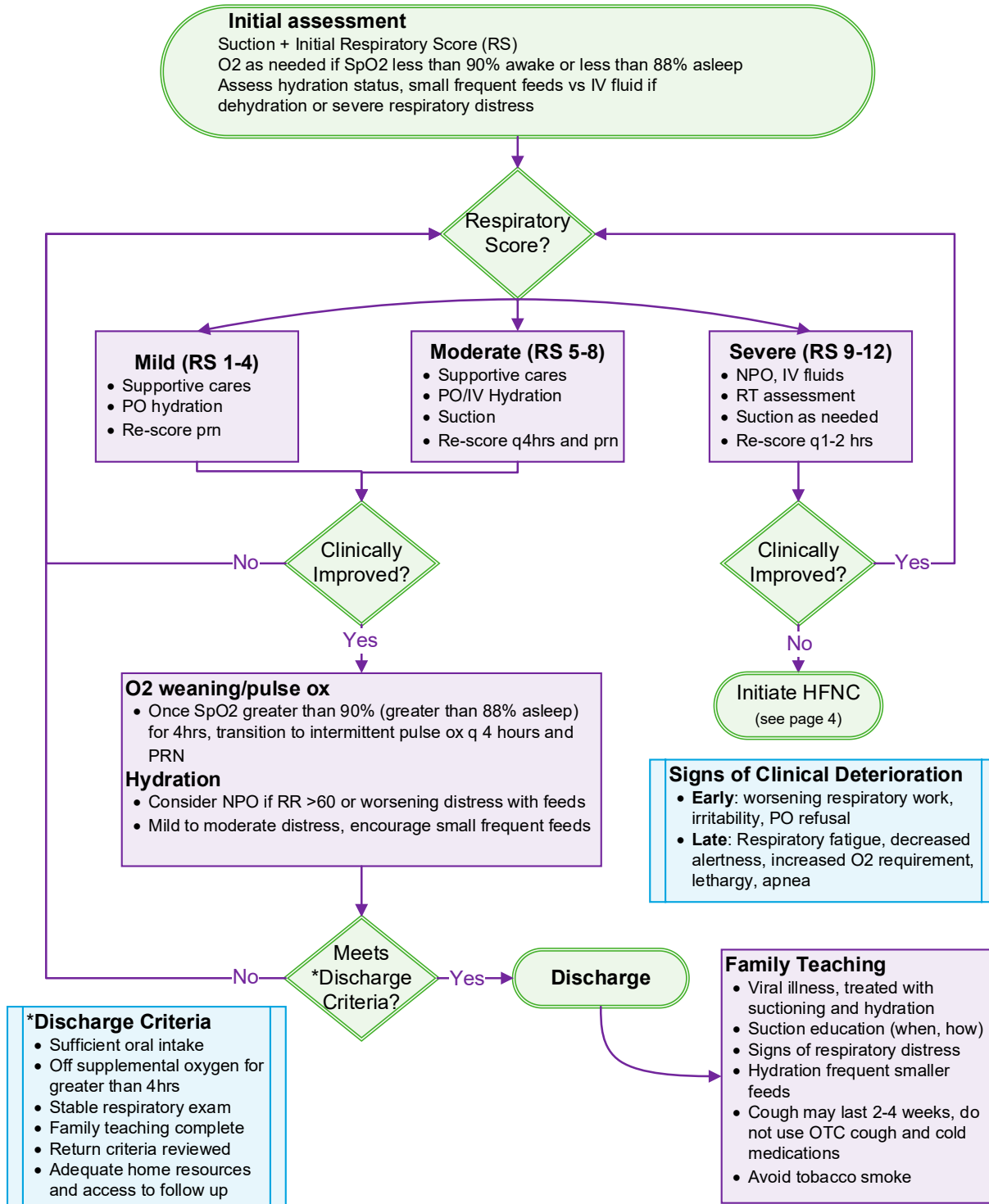
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Clinical Practice Guideline

Emergency Department



Bronchiolitis Clinical Practice Guideline Inpatient



Bronchiolitis Clinical Practice Guideline High Flow Nasal Cannula



<p>Inclusion Criteria- Inpt</p> <ul style="list-style-type: none"> • Age greater than 42 weeks PMA to less than 2 years with resp Score greater than/equal to (\geq) 8 after supportive cares • OR concern for respiratory fatigue • OR significant hypoxia <ul style="list-style-type: none"> <90 days: >1 lpm 3-6mo: >1.5 lpm 6mo-2yr: >2 lpm
<p>Exclusion Criteria- Inpt</p> <ul style="list-style-type: none"> • Concern for respiratory failure • Chronic medical condition • Cardiac disease requiring medication • Anatomic airway defects • History of intubation • Neuromuscular disease • Immunodeficiency

Pre HFNC cares

- Optimize NP suctioning
- RT evaluation and notify MD
- Ensure PIV in place and NPO
- NS fluid bolus complete and start MIVF
- Tylenol 15mg/kg PO if appropriate
- CXR if concern for pneumonia OR if significant hypoxemia
- High risk for RAD? Consider Albuterol trial

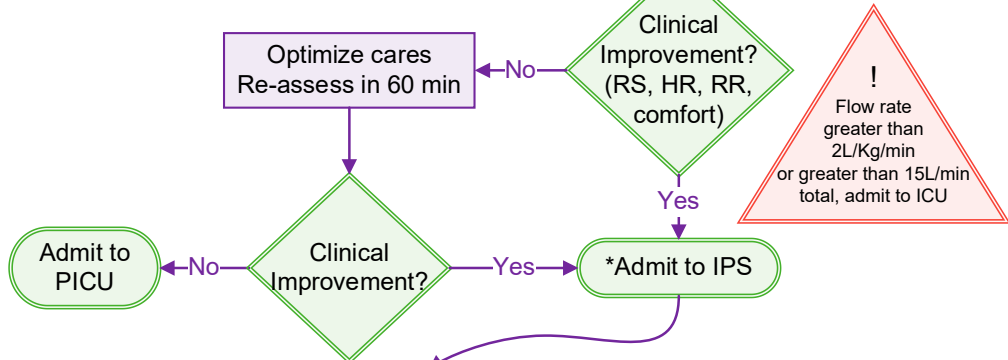
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If Non-IPS patient at MB, consult IPS for HFNC initiation and transfer of care

HFNC Initiation Huddle
(RT, RN, MD, Charge RN)

- Pre-HFNC RS
- HFNC start (RT only)
- 1.5-2L/Kg/min suggested starting flow rate (not to exceed 15L/min total for non-ICU inpatient)
- FiO2 to maintain O2 sat >90%

ED 60 min Inpt 90 min

Re Evaluation Huddle

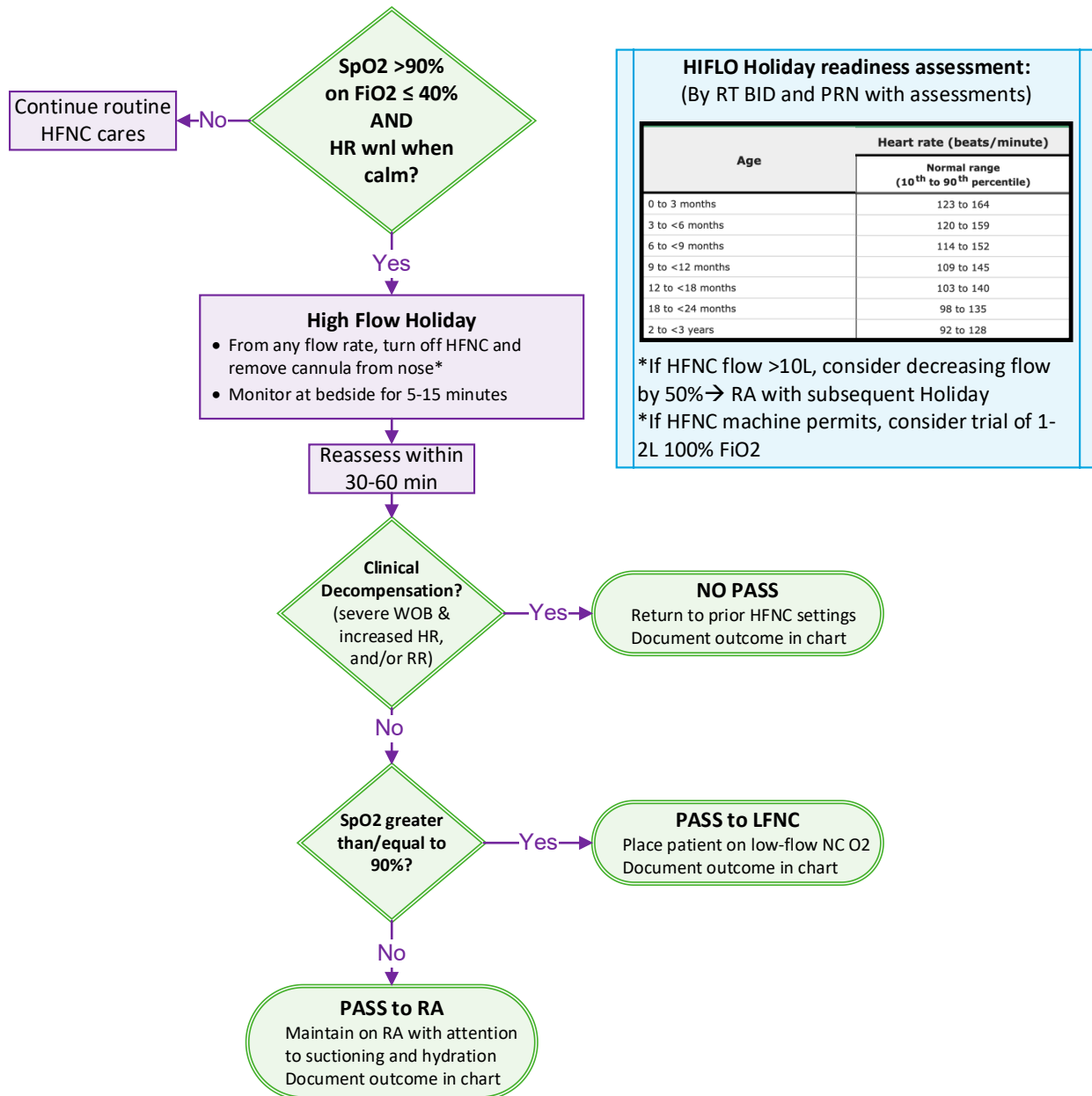


Inpatient HFNC Management	
<p>*If Covid POSITIVE:</p> <ul style="list-style-type: none"> • Admit to negative pressure room if able • Transport with RT OFF HFNC (NC O2) to minimize exposure risk 	<p>Respiratory Therapy</p> <ul style="list-style-type: none"> • Q4hr RT eval with RS and suction • Assess for wean readiness/HIFLO Holiday q4hr • Once stable on low flow x4 hr, transition to conventional NC 1-2L O2
<p>NUTRITION on HFNC</p> <ul style="list-style-type: none"> • Once HFNC wean begun • PO trial IF: RR<60 + alert + breathing comfortably • 1st 1oz trial: RN observed Pedialyte • 2nd 1oz trial: formula or breast milk • Then, small frequent feeds • Stop PO if: worsening distress, concern for aspiration, fatigue, cyanosis, difficulty feeding • Consider NG if above criteria not met and patient has been NPO>24hrs 	<p>RN</p> <ul style="list-style-type: none"> • VS q2hr until improving then q4hr • Suction prn • Notify RT/MD if concern for worsening respiratory status • FiO2 wean by RN or RT (goal >90%) • Flow rate wean by RT ONLY

Bronchiolitis Clinical Practice Guideline High Flow Holiday



<p>Inclusion Criteria for HIFLO HOLIDAY:</p> <ul style="list-style-type: none"> • Age greater than 30 days • Bronchiolitis • On HFNC 	<p>Exclusion Criteria for HIFLO HOLIDAY:</p> <ul style="list-style-type: none"> • Born less than 32 weeks gestation • Cardiac disease requiring home medications • Chronic lung disease or on Home O2 • Neuromuscular disease
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Respiratory Scoring



	0 Points	1 Point	2 Points	3 Points
Respiratory Rate < 2 months 2 months- 1 year 1-2 years	<50 <40 <30	50-60 40-50 30-40	61-69 51-59 41-44	≥ 70 ≥ 60 ≥ 45
Respiratory Work (retractions/ accessory muscle use)	None	Subcostal OR intercostal retractions	2 of the following: Subcostal, intercostal, substernal, OR nasal flare	3 of the following: Subcostal, intercostal, substernal, supraclavicular, nasal flare, head bobbing
Dyspnea/Mental Status**	Normal level of alertness, feeding well, normal vocalizations	More fussy than baseline OR mild difficulty with feeding	Difficulty feeding, decreased vocalization OR agitated OR restless	Stops feeding, no vocalization, OR drowsy/confused
Auscultation	Good air movement, no wheezing, +/- crackles	Mild wheeze present, end expiratory only	>end expiratory wheeze OR prolonged expiratory phase	Inspiratory AND expiratory wheeze OR diminished breath sounds OR both

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