Inpatient Clinical Bronchiolitis Pathway

**Initial patient assessment:**
- Assess O2 sat. Supplemental oxygen for O2 sat < 90% for at least 1 minute: Initiate 0.5L NC for <6months, 1L for 6months, titrate to maintain O2 sat ≥ 90%
- Max 2 ppm NC O2: if higher rates needed, refer to HFNC pathway.
- Assess need for IV/NGT hydration: poor oral intake, poor UOP, RR > 60

**Nasal suction and then obtain Respiratory Score**

**MILD**  
Respiratory Score 1-4  
- Score q4h  
- Suction q4h prn  
- q4h pulse ox check unless on supplemental O2

**MODERATE**  
Respiratory Score 5-8  
- Score q2h  
- Suction q2h  
- q4h pulse ox check unless on supplemental O2

**SEVERE**  
Respiratory Score 9-12  
- Score q1h  
- Suction q1h  
- Continuous pulse ox

**Respiratory Score (Frequency according to severity)**

**Respiratory Score 1-4**  
- Refer to discharge criteria

**Respiratory Score 5-8**  
- Continue as above
- Follow guidance based on score

**Respiratory Score 9-12**  
- Consider trial of nebulized normal saline and repeat score in 30 minutes (if not previously tried)

**Order treatment PRN**

**Trial successful? RS improves ≥ 2**

**Yes**

**Consider trial of nebulized albuterol and repeat score in 30 minutes (if not previously tried)**

**Yes**

**Is bronchiolitis the primary pathology? (vs. asthma)**

**Yes**

**Trial successful? RS improves ≥ 2**

**Yes**

**Refer to HFNC pathway**

**No**

**Escalation: if not eligible for floor HFNC pathway, consider PMET to arrange PCCU transfer**

**Floor Discharge Criteria (should meet ALL of the following):**
- O2 sat ≥ 90% for ≥ 12 hours
- RS ≤ 4 for ≥ 12 hours
- Off supplemental O2 ≥ 12 hours
- No wall suction needed ≥ 6 hours
- Adequate oral intake
- If apnea occurred, no further apnea for ≥ 48 hours
- Parent teaching re: bulb suctioning and signs of respiratory distress completed

**Inclusion criteria:**
- Age < 24 months
- Symptoms of bronchiolitis: cough, nasal congestion, difficulty breathing
- Signs of bronchiolitis: tachypnea, retractions, wheezing, crackles

**Exclusion criteria:**
- Chronic lung disease (BPD, interstitial lung disease)
- Congenital heart disease AND on medication for CHF, pulmonary hypertension, or cyanotic heart disease
- Anatomic airway defects
- Immunodeficiency
- Prior diagnosis of asthma or ≥ 2 wheeze episodes in a year
- Appearing toxic or critically ill

**Weaning Oxygen**
- Attempt to wean supplemental O2 with each respiratory score
- Titrate supplemental O2 to maintain O2 sat ≥ 90%
- Once off supplemental O2 for ≥ 4h, change to intermittent pulse ox checks

**Tests/Treatments NOT ROUTINELY RECOMMENDED:**

**Tests:**
- Viral testing (except for cohorting)
- Chest X-ray
- Labs: CBC, electrolytes, blood gas

**Treatments:**
- Nebulized normal saline
- Albuterol
- Racemic epinephrine
- Corticosteroids
- Antibiotics
- Anticholinergic medications
- Hypertonic saline

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