

VIRAL BRONCHIOLITIS (NON-HIGH FLOW NASAL CANNULA)

Protocol Exclusion Criteria

- > 24 months of age
- Primary diagnosis other than bronchiolitis or viral pneumonia
- Apnea or bradycardia requiring intervention
- Co-morbid conditions:
 - Air leak/pneumothorax
 - Anatomic or acquired airway defects (i.e. croup, stenosis)
 - Neuromuscular disease
 - Chronic lung disease with chronic O2 need
 - Immunodeficiency
 - Abnormal respiratory status at baseline
 - Hemodynamically significant cardiac condition (e.g. unrepaired VSD, need cardiac meds, complex congenital heart disease)

NOT ROUTINELY RECOMMENDED IN BRONCHIOLITIS

- Chest x-ray
- Blood labs
- Albuterol
- Racemic epinephrine

- Steroids
- Hypertonic saline
- Antibiotics
- Chest physiotherapy

CRITERIA for ADMINISTERING ALBUTEROL

- Consider a ONE-TIME albuterol trial with pre- and post- RAC if:
 - RAC severe AND
 - Wheezing AND one of the following:
 - History of recurrent wheeze OR
 - History of atopy OR
 - Strong family history of atopy or asthma
- RT should document pre- and post-albuterol RAC score in a progress note
- Order additional albuterol PRN ONLY if RAC improves with trial


RESPIRATORY ASSESSMENT CLASSIFICATION (RAC)				
Can be used on patients on and off HFNC. If patient requires suctioning, use post-suctioning classification. Preferably classify when the child is calm unless child is inconsolable.				
ASSESSMENT COMPONENTS		CLASSIFICATION		
		Mild	Moderate	Severe
AGE-BASED RR	≤ 3 months	≤ 60	61-69	≥ 70
	4 – 12 months	≤ 50	51-59	≥ 60
	> 12 months	≤ 40	41-44	≥ 45
WORK OF BREATHING		Normal OR mild retractions	Moderate retractions	Severe retractions, head bobbing, OR grunting
MENTAL STATUS		Baseline	Fussy, anxious, OR sleepy	Lethargic (not just sleepy), OR inconsolable
The HIGHEST score for any component determines the patient's classification. A severe rating in any component would indicate a SEVERE classification. A mix of mild and moderate ratings would indicate a MODERATE classification. When in doubt, err on the side classifying a patient as more severe.				

RT or RN ASSESSMENT TIMELINE per RESPIRATORY CLASSIFICATION

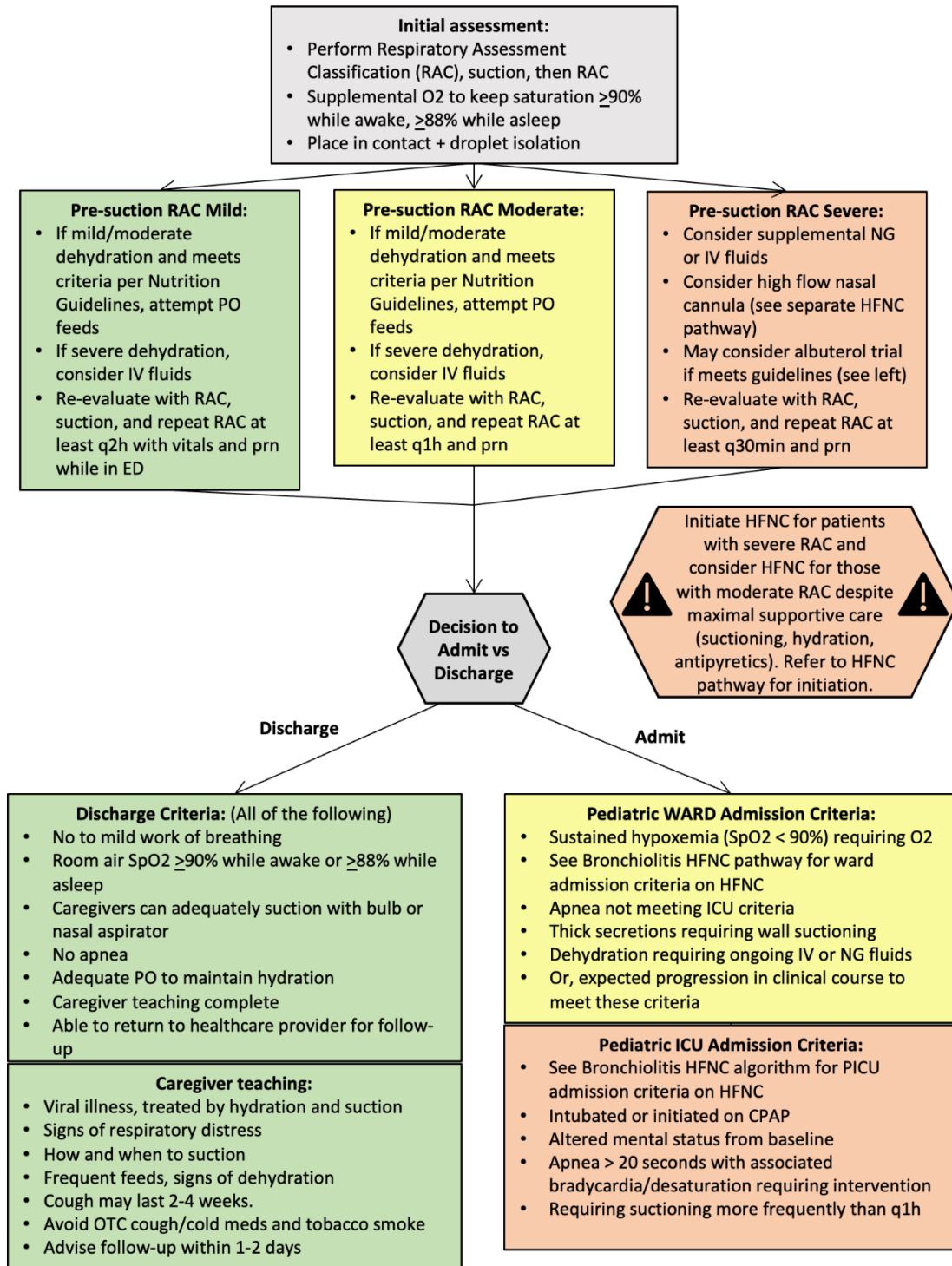
- Can be assessed more frequently
 - Moderate or Severe RAC - every 2 hours (RN/RT shared responsibility)
 - Mild RAC – every 4 hours

Nutrition Considerations (Goal to start within 6 hrs)

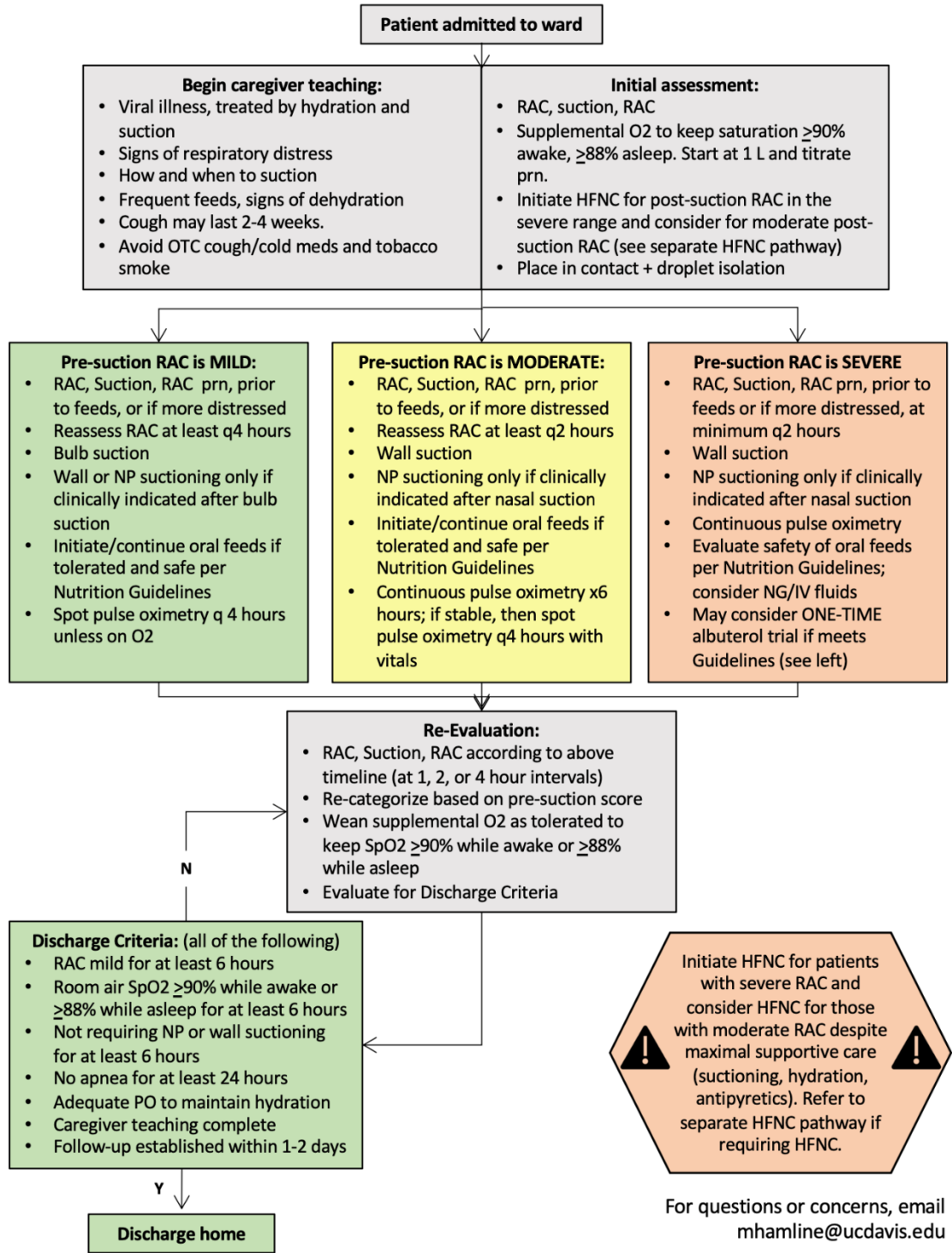
- Oral feeds for all of the following:
 - RR < 70 for age < 3 mo
 - RR < 60 for 4-12 mo
 - RR < 50 for age > 12 mo
 - HFNC < 2 L/kg/min or per MD discretion
 - RAC mild or moderate or MD discretion
- Consider continuous/bolus NG feeds if:

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- Poor PO intake
 - Concerns for aspiration
 - Trial ND if not tolerating continuous NG

ED Management Pathway:



Ward Management Pathway: (Refer to separate HFNC pathway if requiring HFNC)



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