## UW Medicine | VALLEY MEDICAL CENTER Pediatric Bronchiolitis: Emergency Management

## **FAMILY EDUCATION** NOT ROUTINELY RECOMMENDED **Inclusion Criteria** Age < 24 months</li> Viral illness course and treatment Albuterol Viral respiratory symptoms that • Signs of respiratory distress • Racemic Epinephrine include increase WOB, cough, Suction education Steroids feeding difficulty, tachypnea, Assessment of hydration status CXR wheeze, and/or fever Smoke avoidance • Cough symptoms lasting 2-4 weeks (avoid OTC cough and cold medicine) **Initial Assessment** • Follow-up 2-3 days post discharge Viral Isolation Assess hydration Respiratory Score (RS) **Treatment** Score, suction, score q30-60 mins • Supplemental O2 for SpO2 sats < 90 % while awake • HFNC if RS > 8 post suction without improvement PO hydration if mild/mod dehydration and/or RS < 9 IV hydration if mod/severe dehydration and/or RS > 8 **Respiratory Score?** (RS) **Mild Distress Moderate Distress Severe Distress** (Respiratory Score 1-4) (Respiratory Score 5-8) (Respiratory Score 9-12) • Utilize HFNC • Family education • Consider HFNC if no improvement Consider Discharge post score, suction, score Consider NPO • Consider **Albuterol** trial if wheezing & history of asthma Repeat Score, Suction, Score q30-60 min as needed Decision to Discharge, Admit, Transfer? May consult with Pediatric Hospitalist to assist with disposition Consider use of Zoom assessment Transfer Criteria **Discharge Criteria Admission Criteria** Sustained hypoxia • Recurrent apnea HFNC not required • Ongoing need for IV hydration • Signs of respiratory failure Adequate hydration • Sustained RS >8 OR RS 5-8 with • Requires HFNC above inpatient • SpO2 Sats >90% on RA (awake) concern for worsening acuity maximum • Parental comfort and follow-up • Consider Admission if: with primary care assured • History of prematurity • <2 months of age Education provided to family • < 3 days of symptoms