UW Medicine | VALLEY MEDICAL CENTER

Pediatric Bronchiolitis: Inpatient Management

Admitted Pediatric Patient with Bronchiolitis

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Supplemental O2 for SpO2 sats < 90% while awake or < 88% while asleep

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Pre-suction Respiratory Score (RS)

Mild Distress (Respiratory Score 1-4)
- Score, Suction, Score **q4hr**
- Spot check O2 sats q4hr if not on O2.
- PO feeds

Moderate Distress (Respiratory Score 5-8)
- Score, Suction, Score **q2hr**
- Use NP suction as indicated
- Spot check O2 sats q4hr if on room air. Continuous monitoring if requiring O2
- PO feeds if deemed safe by the LIP
- Consider HFNC if no improvement

Severe Distress (Respiratory Score 9-12)
- Score, Suction, Score **q1hr**
- Use NP suction as indicated
- Continuous pulse oximeter & CR monitoring
- NPO. NG/IV hydration
- Utilize HFNC
- Consider **Albuterol** trial if wheezing & personal/family history of asthma

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Suction and Rescore at Specified Interval based on Respiratory Score

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Decision to Continue Treatment, Discharge, or Transfer?

Transfer Criteria
- Recurrent apnea
- Requires HFNC above inpatient max flow rate for age

Discharge Criteria
- RS < 5 for at least 12 hours
- Off O2 support for at least 12 hours
- Demonstrating adequate PO hydration
- Education provided to family
- Outpatient follow-up secured

FAMILY EDUCATION
- Viral illness course and treatment
- Signs of respiratory distress
- Suction education
- Assessment of hydration status
- Smoke avoidance
- Cough symptoms lasting 2-4 weeks (avoid OTC cough & cold medicine)
- Follow-up 2-3 days post discharge

HFNC
- Initiate at or near max flow rate for patient age
- Assess for improvement within 1 hour of initiation
- Bedside care team to huddle if concerns for clinical worsening