

BRONCHIOLITIS
 (Diagnosis based on clinical exam or viral panel)¹
 NOTE: Viral Panel not required to make diagnosis

HYPOXIC?

- Suction
- Start NC O2 for sats < 90%
- Spot Check O2 sats; Continuous pulse oximetry only for patients on supplementary oxygen
- Place on CR monitor for all infants < 6mo

TACHYPNEIC WITH INCREASED WOB?

Suction

WARM score > 4

May consider bronchodilator trial (Racemic Epi preferred)

Start HFNC 4-8L

Discontinue bronchodilator if change in WARM score < 2

DEHYDRATED?

NG feeds first line, consider IVF

¹ Age 0-2; Contact and Droplet Precautions indicated; If toxic appearing or apneic, consider ICU admission

CXR NOT indicated for diagnosis of bronchiolitis

Steroids and chest PT NOT routinely indicated with bronchiolitis

Febrile Neonate with Positive RSV:
0-28d → consider complete sepsis w/u, no abx unless ill appearing
29-90d → consider blood and urine cxs, obs, no antibiotics required

- Discharge Criteria:**
- 1. Tolerating PO without difficulty**
 - 2. Off O2 for at least 4hrs**
 - 3. No clinically evident increased WOB (RR<60)**
 - 4. Good social support**

Diagnostic Exclusion Criteria: h/o chronic lung disease, congenital heart disease, sepsis

Bronchiolitis Algorithm References

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**Subcommittee on Diagnosis and Management of Bronchiolitis
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