

Outpatient Bronchiolitis

Bronchiolitis is a common lung infection in infants and young children (most common under age 2 years with a peak at 3-6 months). It causes congestion in the small airways of the lung. Bronchiolitis is caused by a virus. Typically, the peak time for bronchiolitis is during the winter months.

Infants with the following risk factors present early in the illness course and have high risk of progression of care:

- Gestational age < 34 weeks
- Respiratory rate ≥ 70
- Age < 3 months
- Clinical diagnosis of Viral Bronchiolitis
 - Symptoms include, tachypnea, accessory muscle use, retractions, wheezing, decreased air movement
- Checking PCR, CXR or Labs are NOT indicated
 - *Consider COVID test as appropriate

If patient has Asthma please refer to Outpatient Asthma Pathway

- Judicious Suctioning
 - Evaluate need for suction prior to feeds
 - Avoid "deep" suctioning (beyond nasopharynx)
- Oxygen therapy for sats ≤ 90%.
 Continuous pulse ox monitoring while on oxygen therapy.
 - Keep sats between 90-94%
- Maintain adequate hydration assess feeding and hydration.

Transfer to ED

- Persistent Hypoxemia
- Severe respiratory distress
- Respiratory failure requiring mechanical ventilation

Home Criteria

- Clearing secretions by bulb suction (send home with home nasal suction)
- Able to take PO without hospital grade suction at least once
- Oxygen saturation on room air > 90%
- No evidence of respiratory distress
- F/U with PCP in 2-3 days or sooner

- There is NO benefit of 3% saline use in ED or urgent care to reduce admission
- There is NO benefit of **Albuterol**
- Ipratropium Bromide (Atrovent) has NOT been shown to improve the course of bronchiolitis
- Pulmicort has NOT been shown to improve either short term or long term outcomes
- Steroids have not been shown to improve outcomes in bronchiolitis
- Antibiotics are not indicated

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Bronchiolitis Scoring System can be helpful when you think there is underlying reactive airway disease based on presentation or family hx						
Clinical Variable	0	1	2			
I:E Ratio	Less or equal to 1:2	Greater or equal to 1:3				
Respiratory Rate (< 2 years)	Less than 49	Greater or equal to 50				
Accessory Muscle Use	None	Retractions (intercostal, substernal, subcostal)	Neck or abdominal muscles			
Wheezes	Normal breath sounds or end expiratory	Entire expiratory	Entire expiration and inspiration			
Air Exchange	normal	Localized decreased	Diffuse decreased			

Summary of Bronchiolitis Scoring System

- 1. Scoring should be assessed post-suction
- 2. Consider a trial of SABA neb or MDI (4 puffs with spacer and mask) if score is equal or greater than 3. Discontinue SABA if no improvement in the score
- 3. A decrease in score of greater or equal to 2 is considered significant improvement, suggestive of continued inhaled treatments.
- 4. If pre-treatment score is less than 3, albuterol is not indicated.

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