Inclusion Criteria:
- Children ≤ 24 months old
- Previously healthy
Exclusion Criteria:
- Children > 24 months old
- Children with comorbid conditions as defined by Feudtner, et al. 2000
- Current impending respiratory failure - manage with critical care
- >3 episodes of bronchiolitis symptoms

Patient admitted inpatient with Bronchiolitis

Risk stratify patient using a scoring tool for response to therapy: *like the CRS tool (not validated as a diagnostic tool)

Mild:
- Alert, active, feeding well
- No to minimal retractions
- RR normal to mildly elevated
- Breath sounds with good air movement, exp scattered wheezing or rales/crackles
- SPO2 > 89%

Mild Interventions:
- Suction
- Reposition

Moderate:
- Alert, consoles, feeding decreased
- Minimal to moderate retractions
- RR mildly elevated
- Depressed air movement, insp and exp wheezes or rales/crackles

Moderate/ Severe Interventions: (as appropriate)
- Suction
- Rehydration
- If SPO2 < 90% initiate Oxygen therapy (High Flow per institution policy)
- Increase respiratory support

Patient Status Consistently Improving and Discharge Criteria Met?

Yes

Discharge home with parent education and PCP follow up

No

Reassess

Reminder: Discontinue continuous pulse oximetry when no longer clinically indicated (SPO2 >89% or per institutional policy)

Not recommended:
- CXR
- Viral testing
- CBC
- UA or Urine Culture
- CPT
- Antibiotics
- HTS
- Steroids
- Albuterol
- Epinephrine
- Deep suction beyond nasopharynx
Discharge Criteria:
1. Respiratory status
   • No respiratory distress
   • No hypoxia
2. Hydration
   • Patient can tolerate adequate oral feeds to avoid dehydration
3. Social
   • Parent or guardian can clear the infant's airway using bulb suction
   • Parent or guardian has been educated and is confident with providing home care
   • Parent/family education complete including impact of smoking on patient recovery and exacerbation of symptoms
4. Follow-up
   • It is recommended the primary-care provider should be identified and notified via a phone call or fax. It is also recommended that arrangements for follow-up appointments should be made at discharge.

Citations:
HYPERTONIC SALINE

CHEST X-RAY

VIRAL TESTING

STEROIDS

CHEST PHYSIOTHERAPY

ANTIBIOTICS

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