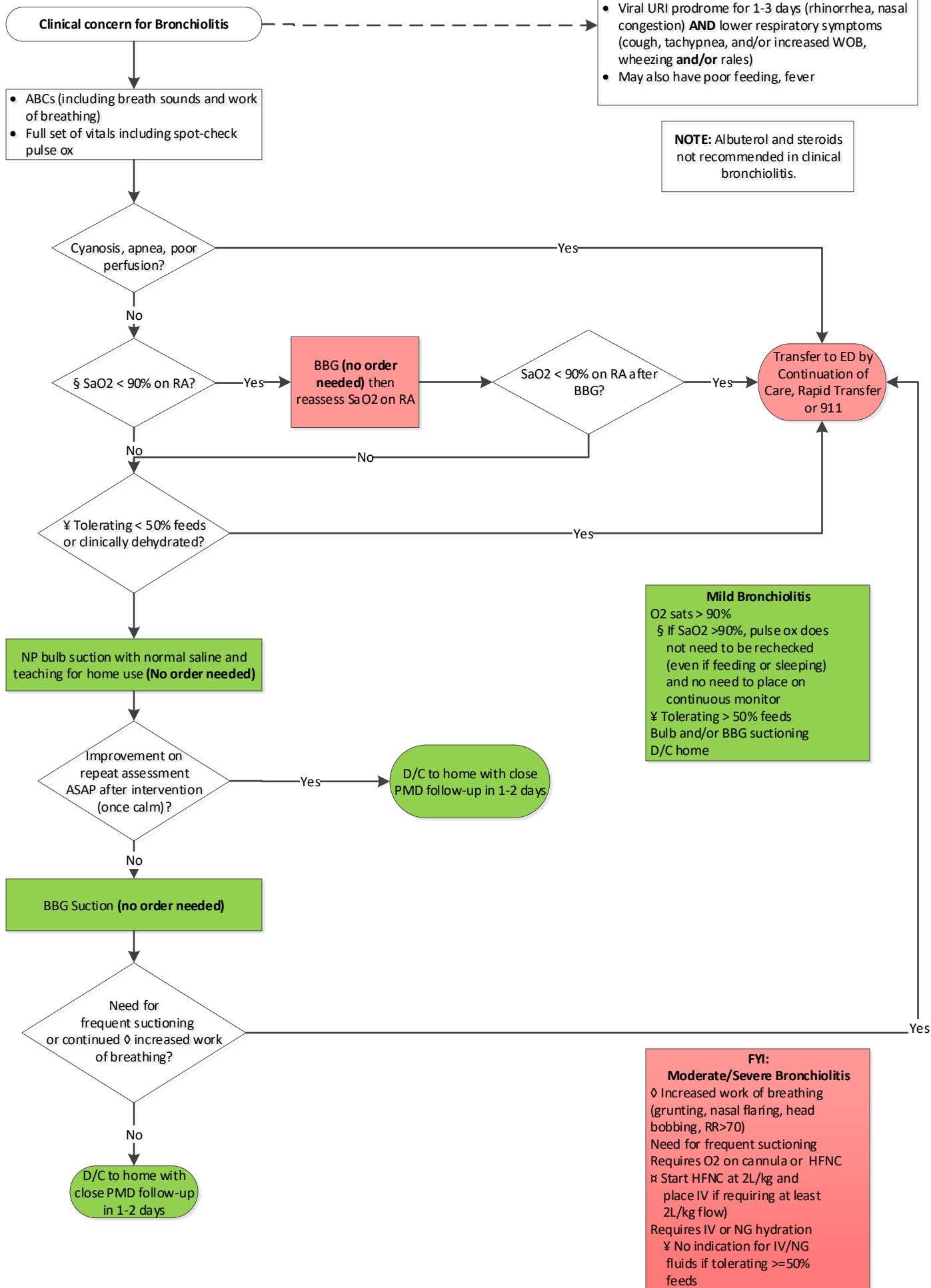


UC Bronchiolitis Care Algorithm

Use ED-Bronchiolitis Order Set

- Common in first year of life but may be seen up to **24 months of age**
- Viral URI prodrome for 1-3 days (rhinorrhea, nasal congestion) **AND** lower respiratory symptoms (cough, tachypnea, and/or increased WOB, wheezing **and/or** rales)
- May also have poor feeding, fever

NOTE: Albuterol and steroids not recommended in clinical bronchiolitis.



Mild Bronchiolitis
 O2 sats > 90%
 § If SaO2 >90%, pulse ox does not need to be rechecked (even if feeding or sleeping) and no need to place on continuous monitor
 ¥ Tolerating > 50% feeds
 Bulb and/or BBG suctioning
 D/C home

FYI: Moderate/Severe Bronchiolitis
 ◊ Increased work of breathing (grunting, nasal flaring, head bobbing, RR>70)
 Need for frequent suctioning
 Requires O2 on cannula or HFNC
 ✕ Start HFNC at 2L/kg and place IV if requiring at least 2L/kg flow)
 Requires IV or NG hydration
 ¥ No indication for IV/NG fluids if tolerating >=50% feeds