

Inpatient Guideline for Treatment of Bronchiolitis (age < 24 months)

Exclusion Criteria:

- Cardiac Disease
 - o Chronic Lung Disease
- Reactive Airway Disease/ Asthma

Respiratory Score

	0 POINTS	1 POINT	2 POINTS	3 POINTS
RR				
< 2 mo		≤60	61-69	≥70
2-12 mo		≤50	51-59	≥60
12-24 mo		≤40	41-44	≥45
Retractions	None	Subcostal or intercostal	2 of the following: sub- costal, intercostal, sub- sternal, OR nasal flaring (infant)	3 of the following: inter- costal, substernal, supras- ternal, supraclavicular, OR nasal flaring/head bobbing /grunting
<u>Dyspnea</u>	Normal feeding, vocalizations, and activity	1 of the following: diffi- culty feeding, decreased vocalization, or agitated	2 of the following: diffi- culty feeding, decreased vocalization, or agitated	Stops feeding, no vocalization; drowsy/confused
<u>Auscultation</u>	Normal breathing, no wheezing	End-expiratory wheeze	Expiratory wheeze only	Inspiratory or expiratory wheeze OR diminished breath sounds

Pre-Suction Score is LOW (1-4)

- Non-invasive suctioning (nasal aspirator, or bulb syringe)
- Next Score, Suction, Score:
 Prior to feeding, or with increase distress
- Minimum Scoring is Q4 hours!
- No continuous pulse oximetry
- •If on IV/NG fluids, discontinue fluids and restart oral feeds
- Evaluate for respiratory/oxygen support

Pre-Suction Score is MODERATE (5-8)

- •Non-invasive suctioning (Nasal aspirator only. Invasive NP suction should be used RARELY in this group, for patients who are clinically worsening)
- Next Score, Suction, Score: Prior to feeding, or with increase distress
- Minimum Scoring is Q2 hours!
- Consider continuous pulse oximetry if clinical status indicates
- Consider IV fluids or fluid bolus
- Reevaluate for respiratory/oxygen support

Pre-Suction Score is <u>HIGH</u> (9-12)

- Non-invasive suctioning (Nasal aspirator only. Invasive NP suction if patient not improved with nasal aspirator.)
- <u>Next Score, Suction, Score:</u> In 1 hour, or with increase distress
- Continuous pulse oximetry
- Consider NG/IVfluids & safety of oralfeeds
- •Reevaluate /escalate respiratory support

ATTENTION!

- •Any change between scoring levels must be reported to the physician
- •Any patient on high flow nasal cannula (HFNC) will have Score, Suction, Score assessment done at least every 2 hours regardless of their score.
- •Consider weaning from HFNC to room air when flow is at 1L/kg/min (or 5L/min if <5kg)

Discharge Criteria

Patient should meet ALL criteria:

- Respiratory score <5 for at least 8 hours
- •No need for invasive (NP) suctioning for 4 hours
- •Off supplemental O2 for 12 hours
- •If apnea occurred, no further apnea for 48 hours
- Feeding adequately
- •Family teaching: respiratory distress and suction completed
- Follow up care established