Bronchiolitis Protocol

Initial Assessment
- Droplet/Contact Isolation
- Initiate Bronchiolitis Education
- Vital Signs with Sp0₂
- Assign CRS
- Suction Nares
- Assign CRS

Assessment for History or Family of Atopy, Asthma or Wheezing
- If yes per LP, Trial Albuterol MDI 4 puffs x 1. LP to order.
- If improvement in CRS. Order Albuterol MDI 4 puffs Q2° PRN.

O₂ Requirement?
- RA Sp₀₂ <90% and or Increased WOB
  - Place on O₂ and titrate perOxygen/Oximetry protocol
  - *Consider HHF pathway
- RA if Sp₀₂ ≥90%
  - Continue to assess Sp₀₂ with vitals and place on O₂ if RA
  - Sp₀₂ <90%, place on Oxygen/Oximetry protocol

If CRS remains after suctioning ≥6: Contact LP

Therapies Not Routinely Recommended
- Albuterol
- Antibiotics
- Combination Medications
- Hypertonic Saline
- Ipratropium Bromide
- Levalbuterol
- Prednisone
- Racemic Epinephrine
- Chest Physiotherapy
- Chest X-Rays
- Routine Viral Testing

Discharge Criteria
- Patient to meet ALL Criteria:
  - CRS<3
  - No need for deep nasopharyngeal suctioning
  - 0₂ saturation ≥90% on RA
  - No apnea
  - Feeding adequately
  - Reinforce Bronchiolitus education
  - Caregiver(s) demonstrate bulb syringe suctioning
  - Consult social work as needed
  - Follow-up appt. with PCP

Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.

Updated 11/8/16