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

**History and Physical Exam consistent with Bronchiolitis**

**Suction and Reposition**

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

Patient Status Consistently Improving, Stable, and Meets Discharge Criteria?

Yes
- Discharge home with parent education and PCP follow up

No
- Admit to Observation, Inpatient unit or Critical Care per unit or institution policy

**Reassess**

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

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

Not recommended:
- CXR
- Viral testing
- Epinephrine
- CBC
- UA or Urine Culture
- CPT
- Antibiotics
- HTS
- Steroids
- Albuterol
- 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 that 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


VIRTUAL TESTING


STEROIDS


CHEST PHYSIOTHERAPY


ANTIBIOTICS


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