Suspected bronchiolitis: *Otherwise healthy child* < 24 months of age with prodrome of viral URI progressing to lower respiratory involvement

- Increased work of breathing
- Tachypnea
- Crackles

### Assessment of disease severity

<table>
<thead>
<tr>
<th></th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>&lt; 3 months</td>
<td>30 - 60</td>
<td>61 – 80</td>
<td>&gt; 80</td>
</tr>
<tr>
<td>3 – 12 months</td>
<td>25 - 50</td>
<td>51 - 70</td>
<td>&gt; 70</td>
</tr>
<tr>
<td>1 – 2 years</td>
<td>20 - 40</td>
<td>41 - 60</td>
<td>&gt; 60</td>
</tr>
<tr>
<td>WOB</td>
<td></td>
<td></td>
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<tr>
<td>Normal or mild increase</td>
<td>Intercostal retractions</td>
<td>Nasal flaring, grunting, head bobbing</td>
<td></td>
</tr>
<tr>
<td>Mental status</td>
<td>Baseline</td>
<td>Fussy</td>
<td>Lethargic or inconsolable</td>
</tr>
<tr>
<td>Breath sounds</td>
<td>Clear</td>
<td>Crackles, wheezing</td>
<td>Diminished breath sounds or significant crackles, wheezing</td>
</tr>
</tbody>
</table>

All patients and caregivers should receive:

- Education on clearance of nasal secretions by bulb suction
- Antipyretics if needed
- **Frequent re-assessments**
- Smoking cessation counseling, if applicable

**For moderate to severe symptoms:**

- Observe 1-2 hours on pulse oximetry, then decide to admit or discharge

### Supplemental oxygen

- Saturations persistently < 90% when awake or < 88% while asleep after suctioning and repositioning

### Supplemental fluids

- Inadequate PO intake. Consider NG feeds

### Albuterol

- **Not routinely recommended. Consider** if history of recurrent wheezing, age > 12 months

### Racemic epinephrine

- Increasing severe respiratory distress

### Antibiotics

- Evidence of bacterial superinfection (not common)

### Hypertonic saline

- **Not routinely recommended**

### Systemic or inhaled steroids

- **Not routinely recommended**

### Chest X-ray

- **Not routinely recommended. Consider** if
  - Atypical clinical course
  - New fever late in disease process
  - Severe disease and probable PICU admission

### Viral respiratory panel, including RSV testing

- **Not routinely recommended. Consider** testing for flu if high local flu activity and/or clinical suspicion of flu

### Pertussis PCR

- **Not routinely recommended. Consider** if
  - Significant pertussis activity in the community
  - Known exposure
  - History of apnea
  - Unimmunized

### Discharge criteria:

- Sats > 90% when awake
- Adequate PO
- Mild/moderate work of breathing
- Reliable caretaker
- Able to obtain follow-up care

### Admission criteria:

- Need for supplemental oxygen
- Need for IV/NG rehydration
- At risk for progression
  - Significant chronic illness
  - Respiratory rate > 60–70
- Consider in very young infants (< 3 months of age) presenting with significant symptoms early in disease course