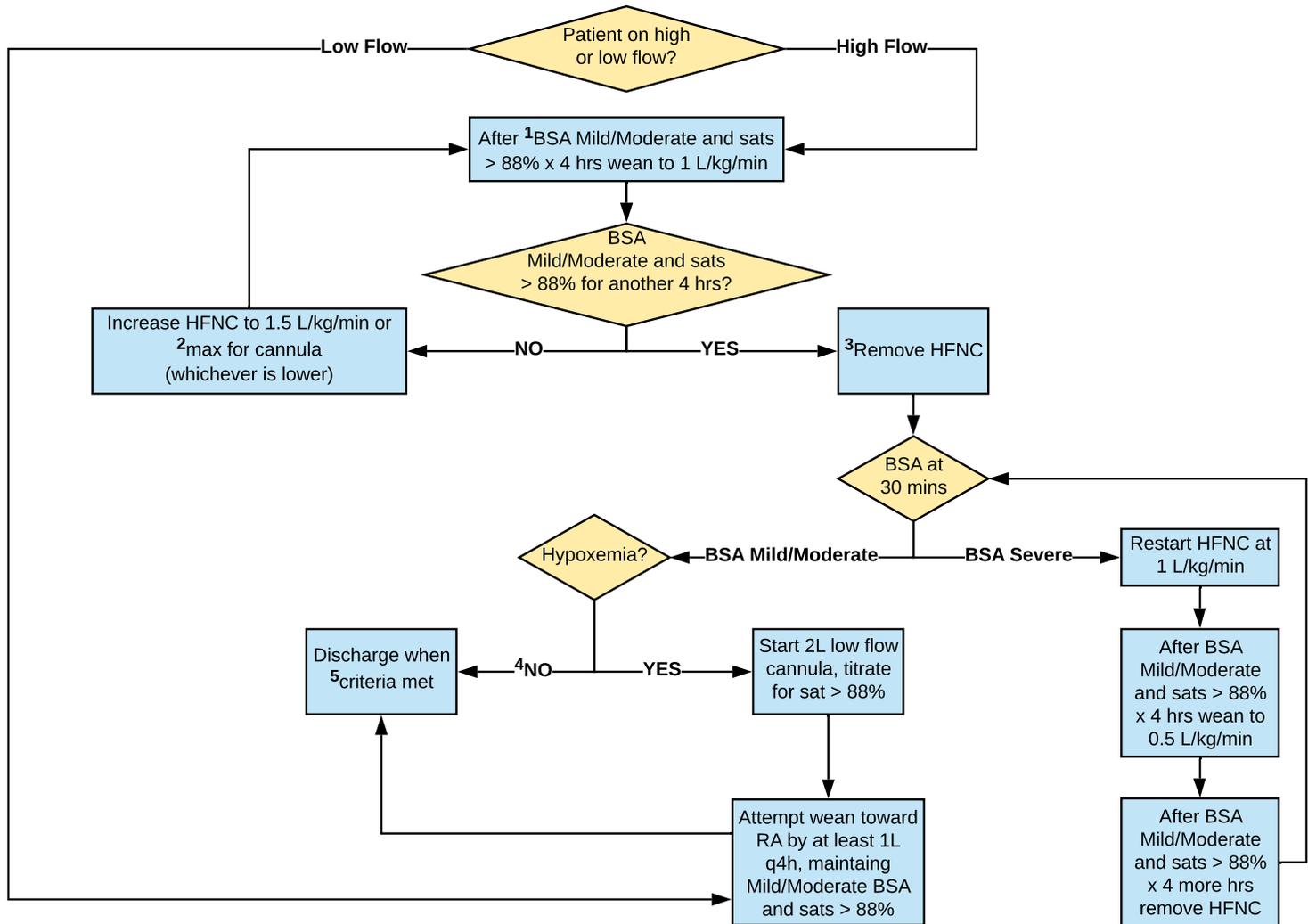


## Weaning Supplemental O2 for Bronchiolitis Patients at N.C. Children's Hospital (INPATIENT)

- This is intended as a guideline. Management of your patient may require a more individualized approach.
- Children at risk for severe symptoms who may not be appropriate for this pathway include those with significant prematurity, cardiac, pulmonary, or neuromuscular disease. Confirm with primary team that patient is to follow pathway.
- **Resident** to use ".WEANFLOW" in comment section of supplemental O2 order to specify if patient is to be weaned per pathway.
- **RT** to wean (flow + FiO2) and document ".BSASMART" while patient on high flow.
- **Nursing** can wean FiO2 while patient on high flow (*but must communicate to RT*). Once patient on low flow, nursing to wean and document ".BSASMART".



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Breathing Severity Assessment (BSA)				
Highest rating in any category dictates patient's BSA				
Category	Mild	Moderate	Severe	
Respiratory Rate	< 3 mo	30-60	61-80	>80
	3-12 mo	25-50	51-70	>70
	1-2 yr	20-40	41-60	>60
Work of Breathing	Normal	Retractions	Nasal flaring, grunting, head bobbing, retracting throughout	
Mental Status	Baseline	Fussy	Lethargic or inconsolable	

- If BSA Severe at anytime call primary team to bedside. If acutely concerned call PRRT.
- Though not part of BSA scoring, also consider O2 sat.
- BSA to be done before any intervention and again approximately 10 minutes after.

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Age	Cannula Size	Cannula Max Flow	Initial FiO2
< 3 mo	Sml/Med	8/10 LPM	<40%
3-12 mo	Med/Lrg	10/23 LPM	
>12 mo	Lrg/XL	23 LPM	

- Only increase FiO2 over 40% for hypoxemia (sat <88%) that does not respond to suctioning or repositioning.
- If FiO2 > 40%, wean by 10-20% q2h so long as sats remain > 88%. Do not wean FiO2 at the same moment you wean flow.

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- FiO2 should be < 50% before removing HFNC.
  - If patient immediately (within same assessment) requires reinitiation of HFNC then no need to call PRRT. Otherwise, call PRRT to reinitiate HFNC.

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- Once off supplemental O2:**
- Dc continuous pulse ox once off supplemental O2 and SpO2 > 90% x 4 hrs.

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- Discharge Criteria:**
- [ ] SpO2 > 90% (spot check ok) during a feed and nap/sleep while off O2.
  - [ ] Adequate PO on room air to maintain hydration.
  - [ ] If apnea occurred, no apnea for > 48 hrs.
  - [ ] Caregiver demonstrates proper use of nasal suction device and understands supportive care.
  - [ ] Follow up care able to be arranged by family if needed.