

**Child Presents to Primary Care or Urgent Care with Suspected Bronchiolitis**  
**Inclusion Criteria:** Age 30 days – 23 months with viral respiratory symptoms +/- wheezing & increased work of breathing  
 (See Box 1 for Exclusion Criteria)

- Box 1: Exclusion Criteria**
- Born < 32 weeks gestation
  - Cardiac disease requiring home medications
  - Chronic lung disease or on home oxygen or requires airway clearance support at baseline for any reason
  - Significant neuromuscular disease (requires assistance with breathing and/or feeding); known or suspected dysphagia
  - Presenting with apnea
  - Patient requiring immediate HFNC, CPAP, BiPAP or intubation for respiratory failure

**Perform Bronchiolitis Assessment**

Severity Indicator	Low Concern	Moderate Concern	Severe Concern
<b>Heart Rate</b>	<2 mos: <160 bpm 2-11 mos: <150 bpm 1-2 yrs: <140 bpm	<2 mos: 160-180 bpm 2-11 mos: 150-170 bpm 1-2 yrs: 140-160 bpm	<2 mos: > 181 bpm 2-12 mos: > 171 bpm 1-2 yrs: <161 bpm
<b>Respiratory Rate</b>	< 2 mos: < 60 bpm 2-11 mos: < 50 bpm 1-2 yrs: < 40 bpm	< 2 mos: 60-70 bpm 2-11 mos: 50-60 bpm 1-2 yrs: 40-50 bpm	< 2 mos: > 71 bpm 2-11 mos: > 61 bpm 1-2 yrs: > 51 bpm
<b>Oxygenation</b>	SpO2 ≥93% on room air	SpO2 90-92% on room air	SpO2 < 89% on room air
<b>Work of Breathing</b>	Comfortable, Mild or no retractions	Uncomfortable, use of accessory muscles, retractions, or nasal flaring	Distressed, severe retractions with grunting or head-bobbing
<b>Feeding</b>	Normal to mildly decreased	Decreased (~50% of usual)	Refusing to feed
<b>Auscultation</b>			Diminished breath sounds, diffuse wheeze, or marked prolonged expiration

**Albuterol is not recommended for bronchiolitis**

**Place patient in concern category severity based on highest indicator in any single category**

- Box 2: Additional Considerations for Admission**
- Immunodeficiency/immunosuppression
  - Age < 3 months (10-12 weeks)

**Low Concern**  
Review Mild Supportive Care

**Moderate Concern**  
Trial Moderate supportive care measures *in office* if clinical capacity allows

**Severe Concern**

Counsel on outpatient supportive therapy options

- Suggested in office supportive care options:**
- Administer antipyretic if febrile
  - Nasal suction with bulb syringe and saline
  - Feeding trial

**Refer to ED<sup>^</sup>**

**Discharge Criteria**

- Low concern
- May consider discharge for patients with O2 saturation 90-92% on RA on case by case basis
- Able to feed to maintain hydration
- Discharge education

Suctioning	Schedule follow-up
Frequent feeding	Return precautions
Smoking cessation	Provide written handouts when applicable

After supportive therapy trial (if any), repeat bronchiolitis assessment

- <sup>^</sup>When to Use EMS for Transport**
- Severe tachypnea
  - Bradypnea or apnea
  - Severe retractions, nasal flaring, or grunting
  - Mental status changes or decrease level of alertness from respiratory effort
  - Pulse oximetry < 90 (Consider < 93% dependent on family circumstances and travel time)
  - Any infant on supplement oxygen

**Discharge criteria met?**

YES → Discharge Criteria box

NO → Refer to ED<sup>^</sup>

**Recommended Supportive Therapy Options:**

Feeds	<ul style="list-style-type: none"> <li>• Recommend lower volume, more frequent feedings</li> <li>• If vomiting, consider electrolyte drink (e.g Pedialyte®)</li> </ul>
Suction	<ul style="list-style-type: none"> <li>• Bulb suction</li> </ul>
Fever Management	<ul style="list-style-type: none"> <li>• First line: acetaminophen 15mg/kg/dose every 6 hours prn for temp ≥ 38 C</li> <li>• Second line (only if &gt; 6 months of age): ibuprofen 10mg/kg/dose every 6 hours prn for temp ≥ 38 C and inadequate response 60 minutes after first line dose</li> </ul>
<b>Diagnostics and Therapeutics Not Routinely Recommended</b>	
Antibiotics	<ul style="list-style-type: none"> <li>• Do NOT prescribe antibiotics without evidence of bacterial infection (e.g. otitis media, pneumonia)</li> </ul>
Albuterol	<ul style="list-style-type: none"> <li>• Studies have shown NO benefit for albuterol treatment in infants with typical bronchiolitis. (An albuterol trial may be considered in children with features suggestive of possible asthma, such as: recurrent wheezing, age &gt; 12 months, family history of asthma, prior inhaled corticosteroid use)</li> </ul>
Other Therapeutics	<ul style="list-style-type: none"> <li>• Corticosteroids and nebulized hypertonic saline are NOT recommended for bronchiolitis</li> </ul>
Viral Testing	<ul style="list-style-type: none"> <li>• Viral testing is NOT routinely recommended but may be considered for infection control purposes and shared decision making with family</li> </ul>
Chest X-ray	<ul style="list-style-type: none"> <li>• Chest X-ray is NOT recommended in initial evaluation of uncomplicated bronchiolitis</li> </ul>