

**Initial patient assessment:**  
 -Assess O2 sat. Supplemental oxygen for O2 sat < 90% for at least 1 minute: Initiate 0.5L NC for <6months, 1L for ≥ 6months, titrate to maintain O2 sat ≥ 90%.  
 -Max 2 lpm NC O2. If higher rates needed, refer to HFNC pathway.  
 -Assess need for IV/NGT hydration: poor oral intake, poor UOP, RR > 60

Nasal suction and then obtain Respiratory Score

**MILD**  
Respiratory Score 1-4

Refer to admission and discharge criteria

**MODERATE**  
Respiratory Score 5-8

**SEVERE**  
Respiratory Score 9-12

Consider trial of nebulized normal saline and repeat score in 30 minutes

Trial successful?  
RS improves ≥ 2

Order treatment PRN

Consider trial of nebulized albuterol and repeat score in 30 minutes

Trial successful?  
RS improves ≥ 2

Is bronchiolitis the primary pathology? (vs. asthma)

Respiratory Score 5-8

Respiratory Score 9-12

Consider HFNC/Non Invasive ventilation/Intubation

-Refer to Floor and PCCU admission guidance (see below)  
 -For floor admission, refer to Inpatient Bronchiolitis Pathway or Inpatient HFNC Pathway for further monitoring and management while awaiting transfer

**Inclusion criteria:**  
 -Age < 24 months  
 -Symptoms of bronchiolitis: cough, nasal congestion, difficulty breathing  
 -Signs of bronchiolitis: tachypnea, retractions, wheezing, crackles

**Exclusion criteria:**  
 -Chronic lung disease (BPD, interstitial lung disease)  
 -Congenital heart disease AND on medication for CHF, pulmonary hypertension, or cyanotic heart disease  
 -Anatomic airway defects  
 -Neuromuscular disease  
 -Immunodeficiency  
 -Prior diagnosis of asthma or ≥ 2 wheeze episodes in a year  
 -Appearing toxic or critically ill

**Tests/Treatments NOT ROUTINELY RECOMMENDED:**

**Tests:**  
 -Viral testing  
 -Chest X-ray  
 -Labs- CBC, electrolytes, blood gas

**Treatments:**  
 -Nebulized normal saline  
 -Albuterol  
 -Racemic epinephrine  
 -Corticosteroids  
 -Antibiotics  
 -Anticholinergic medications  
 -Hypertonic saline

**ED Discharge Criteria:**  
 -O2 sat ≥ 90%  
 -RS ≤ 4  
 -Respiratory rate < 60  
 -Mild-moderate work of breathing  
 -Adequate oral intake  
 -Reliable caregiver  
 -Follow-up care available  
 -MDI/spacer teaching if responsive to albuterol

**Criteria to Consider Admission:**

**Absolute:**  
 -Witnessed apnea  
 -RSV+ in age < 28 days  
 -O2 sat persistently < 90 %  
 -Inadequate oral intake  
 -RS ≥ 9  
 -Respiratory rate > 70  
 -Severe retractions  
 -HFNC / CPAP / intubation

**Relative (strongly consider admit if > 1):**  
 -Gestational age < 37 weeks  
 -Age < 3 months  
 -Difficulty feeding  
 -Respiratory rate > 60  
 -Moderate retractions

**Consider Floor Admission on HFNC when:**  
 -Stable on HFNC with RS ≤ 8 for at least 1 hour in ED  
 -Corrected GA > 40wks  
 -Consider floor for HFNC:  
 < 6 months: ≤ 6 lpm  
 ≥ 6 months: ≤ 8 lpm

**Consider PCCU Admission on HFNC when:**  
 -Corrected GA < 40 weeks  
 -Apnea  
 -Toxic/ill appearance  
 -RS ≥ 9  
 -HFNC:  
 < 6 months: > 6 lpm  
 ≥ 6 months: > 8 lpm