NOTE:
- If <3 months or history of prematurity, keep patient in Bethel and have low threshold for admission.
- RSV increases risk of apnea in these patients.
- If patient is <90 days and febrile, please see fever guidelines.

SUPPORTIVE MEASURES
- Control fever, as it can be an independent cause of respiratory distress and tachycardia.
- Nasal suction with nasal bulb syringe and olive tip plus saline.
- Hydration by IV or enteral (including NG and G-tube).
- Gentle P&P/CPT if helpful.
- Saline nebs (either 0.9% or hypertonic 3%).
- Consider albuterol trial even if no wheezing heard, especially in Alaska Native patients as they have high rates of RAD.

Village Management
- Institute SUPPORTIVE MEASURES, especially fever control, nasal suction, IV or PO hydration, and several albuterol nebs.
- Have low threshold to refer to Bethel for further evaluation if no improvement with supportive measures or any concerns.
- If no improvement after 2-3 days of village management, refer to Bethel for further care.
- If unable to bring to Bethel and worsening, consult a pediatrician and consider systemic steroids.

NOTE ABOUT STEROIDS:
National guidelines recommend against systemic steroids as the potential harm is generally greater than the potential benefit.
If considering starting steroids, please consult a pediatrician.

This guideline is designed for the general use of most patients but may need to be adapted to meet the specific needs of a specific patient as determined by the medical practitioner.
Approved by MSEC 5/8/19.
If comments about this guideline, please contact Leslie_Herrmann@ykhc.org.