



**NOTE:**

- If <3 months or history of prematurity, keep patient in Bethel and have low threshold for admission.
- If patient is <90 days and febrile, please see [fever guideline](#).

**Risk Factors for Apnea**

- RSV
- Post-conceptual age <48 weeks
- Low birth weight
- Tachypnea or bradypnea
- Decreased oxygen saturation on room air

**Risk Factors for Severe Disease**

- Age <3 months
- History of prematurity
- History of cardiopulmonary disease
- Exposure to tobacco smoke

**Hypoxemia**

<90% while awake  
<88% while asleep  
Sustained for >10 minutes

**Pulse-Oximetry Monitoring**

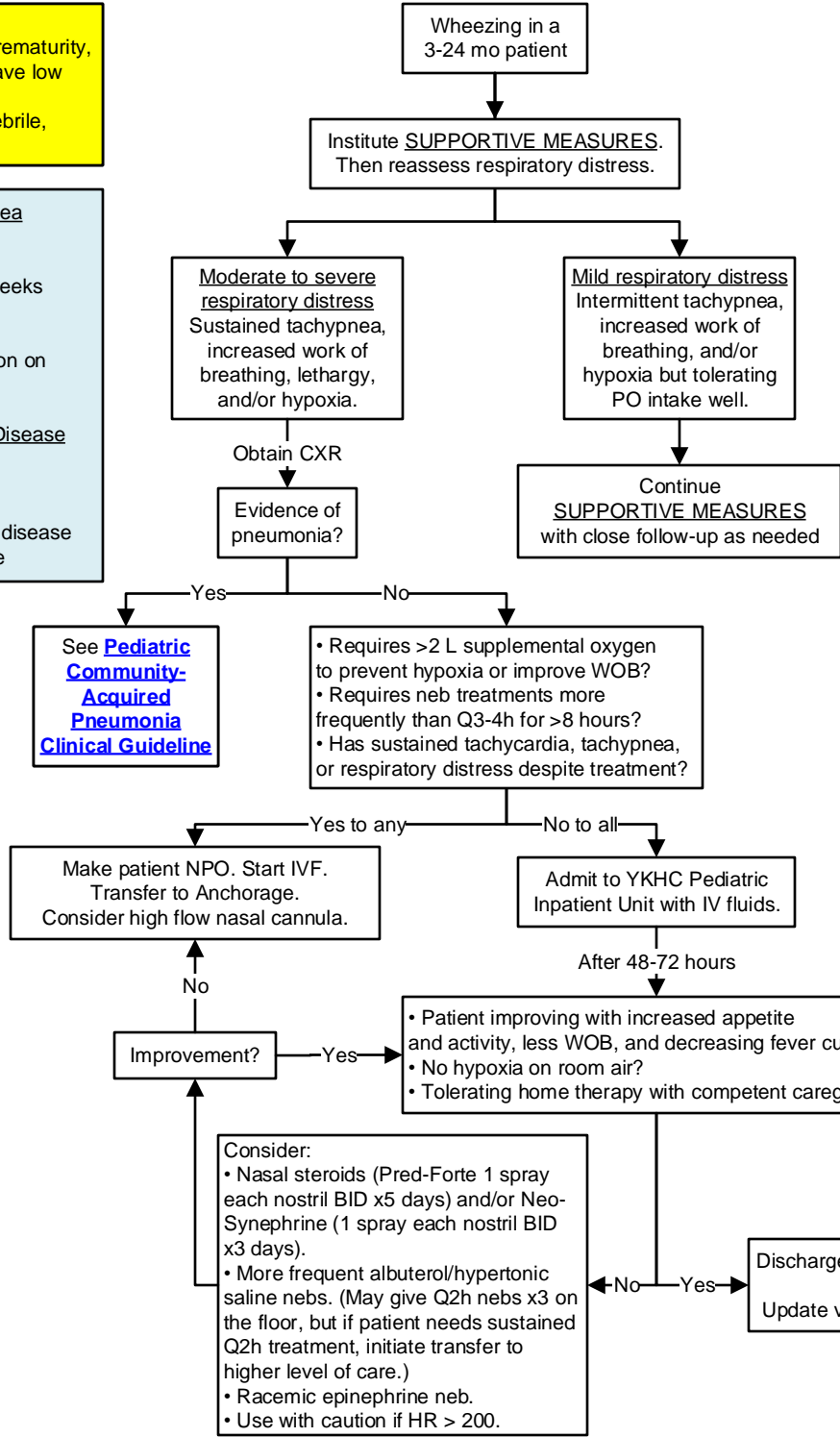
- Pulse-ox may be ordered Q4h (not continuously) if patient >6 months and stable.
- Being on oxygen does not mandate continuous pulse-oximetry if patient is stable.

**When Admitting, Use Power Plan to Order**

- IVF
- Nasal suction
- Nebs prn
- Consider scheduled nebs
- No deep (nasopharyngeal) suctioning
- Respiratory assessments
- Consider hypertonic (3%) saline – may need to use with albuterol

**Prevention**

- Hand washing
- Encourage breastfeeding
- Tobacco cessation
- Palivizumab for high-risk infants



**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&PD/CPT if helpful.
- Saline neb (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 and/or saline (0.9%) 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 Hx recurrent wheezing with viral illnesses, start budesonide 1 mg by nebulizer twice daily for 7 days.
- If unable to bring to Bethel and worsening, consult a pediatrician and consider systemic steroids.

**Respiratory Viral Panel**

- Send nasal swab for RSV, flu, and COVID.
- If flu positive, consider treatment with oseltamivir per [influenza guideline](#), if appropriate.

**Steroids**

- Recent national guidelines recommend that children <4 with recurrent wheezing with viral illnesses should be given a 7-10 day course of inhaled steroids like budesonide or fluticasone.
- National guidelines recommend against systemic steroids as the potential harm is generally greater than the potential benefit.

If considering starting systemic 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 special needs of a specific patient as determined by the medical practitioner.  
Approved by MSEC 11/2/21. Click [here](#) to see the supplemental resources for this guideline.  
If comments about this guideline, please contact [Leslie\\_Herrmann@ykhc.org](mailto:Leslie_Herrmann@ykhc.org) or [Jennifer\\_Hampton@ykhc.org](mailto:Jennifer_Hampton@ykhc.org).