



**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&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 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.**

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

**Pulse-Oximetry Monitoring:**

- Pulse-ox may be ordered Q4h (not continuously) if age >6 months and patient is 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

