

#### **Clinical Guideline**

### Bronchiolitis/Wheezing in 3-24 Months

#### 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.

#### Wheezing in a 3-24 mo patient Institute SUPPORTIVE MEASURES. Then reassess respiratory distress. Moderate to severe Mild respiratory distress respiratory distress Intermittent tachypnea, Sustained tachypnea, increased work of increased work of breathing, and/or breathing, and/or hypoxia hypoxia Obtain CXR ♥ Continue SUPPORTIVE Evidence of pneumonia? **MEASURES** with close followup as needed Requires >2 L supplemental oxygen See Pediatric Communityto prevent hypoxia or improve WOB? Requires neb treatments more Acquired Pneumonia frequently than Q3-4h for >8 hours? Clinical Guideline · Has sustained tachycardia, tachypnea, or respiratory distress despite treatment? Yes Transfer to Anchorage. Admit to YKHC Peds Consider high flow Inpatient Unit with IV fluids. nasal cannula. After 48-72 hours No · Patient improving with increased appetite and activity, less WOB, and decreasing fever curve? Improvement? • No hypoxia on room air? Tolerating home therapy with competent caregivers?

#### 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.

## <u>Village Management</u> • Institute <u>SUPPORTIVE</u>

- 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.

# Pulse-Oximetry Monitoring: Pulse-ox may be ordered

**Hypoxia** 

Sustained for >10 minutes

<90% while awake

<88% while asleep

- 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

Consider:

Nasal steroids (Pred-Forte 1 spray each nostril BID x5 days) and/or Neo-Synephrine (1 spray each nostril BID x3 days).

More frequent albuterol/hypertonic saline nebs.

Racemic epinephrine neb.

Immunizations UTD?

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 5/8/19.

Discharge home

with close follow-

up within a week

If comments about this guideline, please contact Leslie\_Herrmann@ykhc.org.