



Criteria for Levels of Care

Outpatient or Village

- WOB is mild or absent.
- No hypoxemia.
- Able to maintain hydration without IVF.
- Tolerating home therapy with reliable caregivers.
- No apnea.

Hypoxemia

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

Inpatient at YKHC

- Requires supplemental oxygen to prevent hypoxemia or improve WOB. If requiring >2 L NC, reevaluate whether patient is appropriate to stay at YKHC.
- Requires IV or NG fluids.
- Question of apnea.
- Not tolerating home therapy or unreliable follow-up.
- Does not meet criteria for transfer to higher level of care.

Transfer to Higher Level of Care

- Requires >2-3 L oxygen for hypoxemia or to improve WOB.
- Witnessed apnea.
- Requires neb treatments more frequently than Q2-3h for >8 hours.
- Sustained tachycardia, tachypnea, or respiratory distress despite treatment.
- Significant pleural effusion.

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**.
- Have low threshold to refer to Bethel or consult a pediatrician, especially if no improvement after 2-3 days.
- If Hx recurrent wheezing with viral illnesses, start budesonide 1 mg by nebulizer twice daily for 7 days.

Risk Factors for Apnea

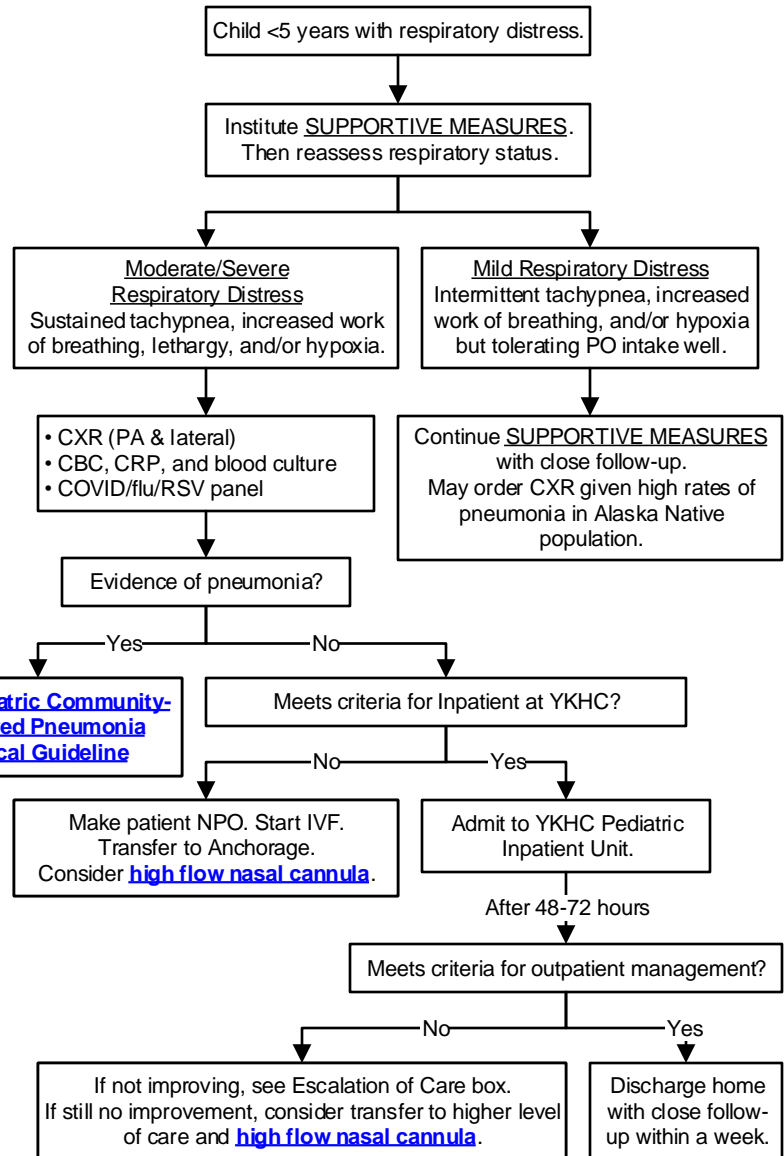
- RSV
- Post-conceptual age <48 weeks
- Low birth weight
- Tachypnea or bradypnea
- Decreased oxygen saturation on room air

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](#).

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.



Escalation of Care

Consult pediatrician.

- Nasal steroids (Pred-Forte (drops-ophth) 1 drop each nostril BID x5 days) and/or Neo-Syneprine (1 spray each nostril BID x3 days).
- More frequent albuterol/hypertonic saline nebs. (May give Q2h nebs x3 on the floor, but if patient needs sustained Q2h treatment, initiate transfer to higher level of care.)
- Racemic epinephrine neb. (Use with caution if HR > 200.)

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 Clinical Guideline Committee 3/1/24. Click [here](#) to see the supplemental resources for this guideline.
If comments about this guideline, please contact Amy_Carson-Strnad@ykhc.org.