Paul, et al, 2014).

Prevention of Respiratory Syncytial Virus Infection

The only product available in the United States for prevention of RSV is palivizumab (Synagis), a monoclonal antibody, which is given monthly in an IM injection for a maximum of five doses to prevent hospitalization associated with RSV. According to the American Academy of Pediatrics Committee on Infectious Diseases and American Academy of Pediatrics Bronchiolitis Guidelines Committee (2014), candidates for palivizumab include infants in their first year of life born before 29 weeks, 0 days of gestation and infants in their first year of life with chronic lung disease of prematurity (<32 weeks, 0 days of gestation) who needed less than 21% oxygen for at least 28 days after birth. Additional age and condition recommendations are outlined in the American Academy of Pediatrics policy statement (American Academy of Pediatrics Committee on Infectious Diseases and American Academy of Pediatrics Bronchiolitis Guidelines Committee, 2014).

Quality Patient Outcomes: Bronchiolitis

- Room air or oxygen (O_2) saturation 90% or more
- Respiratory rate 60 breaths/min or less
- Adequate oral fluid intake

Nursing Care Management

Children admitted to the hospital with suspected RSV infection are usually assigned separate rooms or grouped with other RSV-infected children. Droplet and standard precautions are used, including hand washing, not touching the nasal mucosa or conjunctiva, and using gloves and gowns when entering the patient's room; contact precautions are also recommended. Other isolation procedures of potential benefit are those aimed at diminishing the number of hospital personnel, visitors, and uninfected children in contact with the child. If a nasal cannula is being used, the skin around the child's ears must be observed for