BRONCHIOLITIS MANAGEMENT SUMMARY

- Reposition whilst awake lying supine worsens breathing and oxygenation and promotes mucus plugging
 - Empower parents/carer to hold baby, minimal handling by healthcare staff
- Give parents/carer Bronchiolitis Information Leaflet and involve in care plan
 - Feeding can improve recovery, use feeds if tolerated if babies are upset
- Use paracetamol for babies with symptoms of fever or pain

SUPPLEMENTAL OXYGEN

Aim for Sats ≥90%

Or ≥ 92% if risk factors for severe disease

<100ml/kg/day milk

FEEDING DIFFICULTIES

OR breast fed & mum doesn't feel baby has Or <600mls/day for babies over six months fed or baby has reduced wet nappies tolerating diet

NG fluids (NG Size 8 Fr <6/12, 10 Fr Prolonged feeds >25 mins

>6/12)

- Decompress stomach regularly Feed 2-3 hourly 100ml/kg/day
- Support breast feeding mums to express breast milk

If does not tolerated NG fluid or features of

Offer comfort feeds when

severe disease

- - Give IV fluids
- symptoms settle

Nasal Suctioning

secretions causing respiratory distress or Suction if evidence of upper airway NOT routinely indicated

In children with apnoeas

OR feeding difficulties

NICE guideline NG9, Bronchiolitis in children: diagnosis and management June 2015, Bronchiolitis in children interactive flowchart October 2020; RCPCH, National Guidance for the management of children with bronchiolitis and lower 2021; Ronchiolitis-during-covid-19#recommendations—on-presentation-to-ed-or-paediatric-assessment-area Jan 2021; NMTS dullines for Management of Severe and Life-threatening bronchiolitis Version 2, October 2016 Dr Clare O'leary in consultation with Dr Lakshim Children March 2021

