

Summary of RSV evaluation and management

Risk factors for hospitalization:

- Congenital heart disease
- Bronchopulmonary dysplasia
- Chronic lung disease
- Cystic fibrosis
- Prematurity
- Immunodeficiency

Consider hospitalization for:

- Premature birth
- Ill- or toxic-appearing
- Age < 3 months
- Decreased oxygen saturation
- Underlying heart or lung disease or immunodeficiency

Evidence of impending respiratory failure:

- Episodes of apnea
- Cyanosis
- Respiratory distress: tachypnea, retractions, nasal flaring, grunting
- Low oxygen saturation on pulse ox
- Low O₂, high CO₂ on ABG
- Lethargy

Normal vital signs:

	<28 days	1-12 mo	1-2 yrs
Heart rate	90-190 (avg 125)	90-160 (avg 120)	80-120
Respiratory rate	30-50	30-50	22-40

Testing:

Typically, only needs RSV testing (often not really even that)

Chest xray and blood tests are usually not indicated, unless hospitalization is being considered

Treatment:

- No treatment is available for those being discharged
- If there is a component of wheezing, a trial of bronchodilator is appropriate, but does not work for bronchiolitis alone. If nebulizer seems to help, then RT can arrange for home nebulizer
- For those requiring hospitalization, usually the sole treatment is supplemental oxygen

Management of patients requiring hospitalization:

- Supplemental oxygen
- Assess for signs of impending respiratory failure
- Get chest x-ray to rule out pneumonia, which is only a rare complication of bronchiolitis