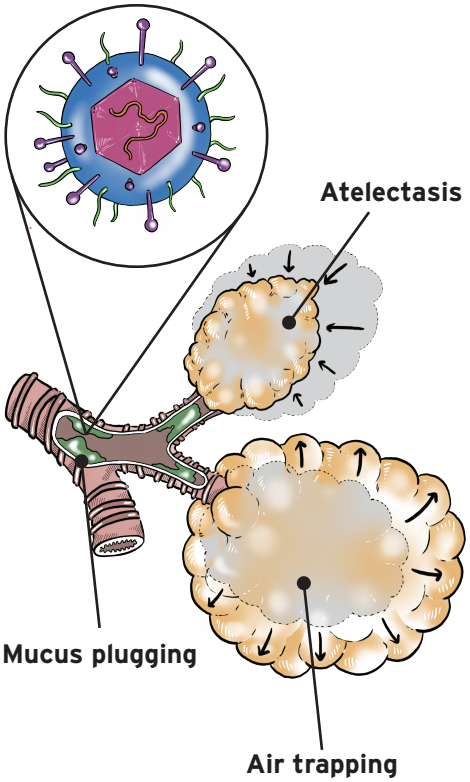
BRONCHIOLITIS

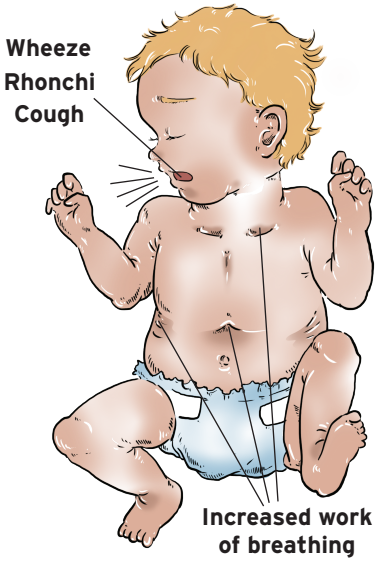
OPEN PEDIATRICS™

Pathophysiology

RSV most common infectious cause



Presentation



Signs/ Symptoms

Starts with:

- Rhinorrhea
- Nasal congestion
- Cough
- Fever

Progresses to:

- Increased WOB
- Worsening cough
- Wheeze

Parents may notice...

- Decreased oral intake
- Increased malaise
- Increased fussiness
- Poor sleep

Ask about...

- Oral fluid intake and urine output
- Periods of cyanosis or apnea

Look for on exam:

- Is the baby febrile, tachypneic, tachycardic, or hypoxemic?
- Is the baby interactive and playful? Lethargic/irritable?
- Assess hydration status: anterior fontanelle fullness, +/- tears with crying, mucous membranes, capillary refill, skin turgor
- Assess work of breathing: retractions, nasal flaring, grunting, head bobbing
- "Washerboard"-like coarse crackles + high-pitched wheeze

! Many episodes are without fever, and fever is NOT required for diagnosis!

Risk Factors

- <12 weeks old at time of infection
- Born <29 weeks
- Underlying diseases (cardiac, chronic pulmonary, neurologic)

Diagnosis

Diagnosis is clinical

CXR, viral testing, bloodwork is usually not needed

But also consider...

- Bacterial pneumonia
- Reactive airway disease
- Chronic pulmonary aspiration
- Cystic fibrosis
- Cardiac disease

Management

Treatment is supportive

- Use supplemental O_2 to maintain O_2 levels 90 - 92%
- Other key interventions: suctioning, hydration

Who needs to be hospitalized?

- Poor oral intake with dehydration
- Hypoxia
- Apnea
- Moderate to severe respiratory distress

How can it be prevented?

- Practice good hand-washing techniques
- Palivizumab (for qualifying higher-risk infants)
- Annual influenza vaccination

The Numbers

- Up to 20% of each year's birth cohort seeks medical attention for symptoms related to RSV
- RSV accounts for 50-80% of bronchiolitis infections
- Between 2-3% of all infants are hospitalized for RSV