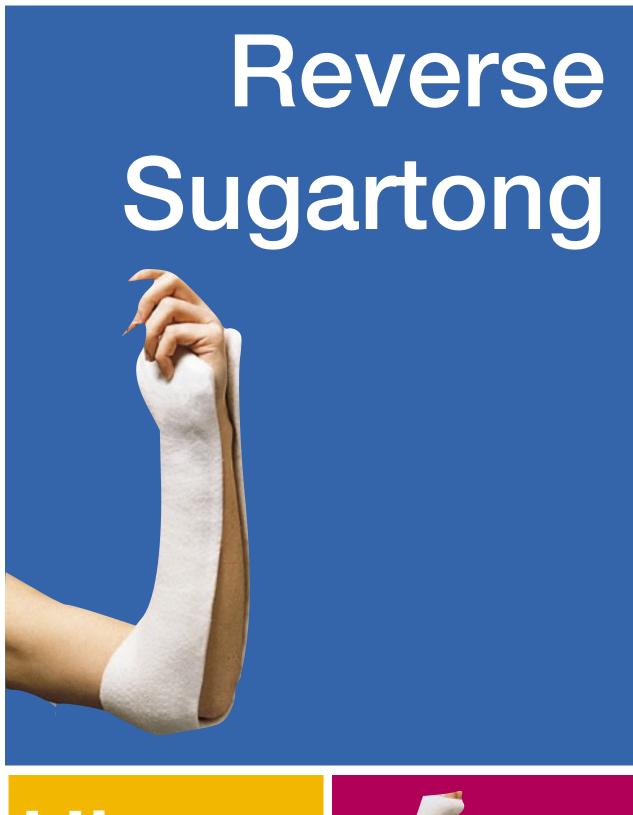
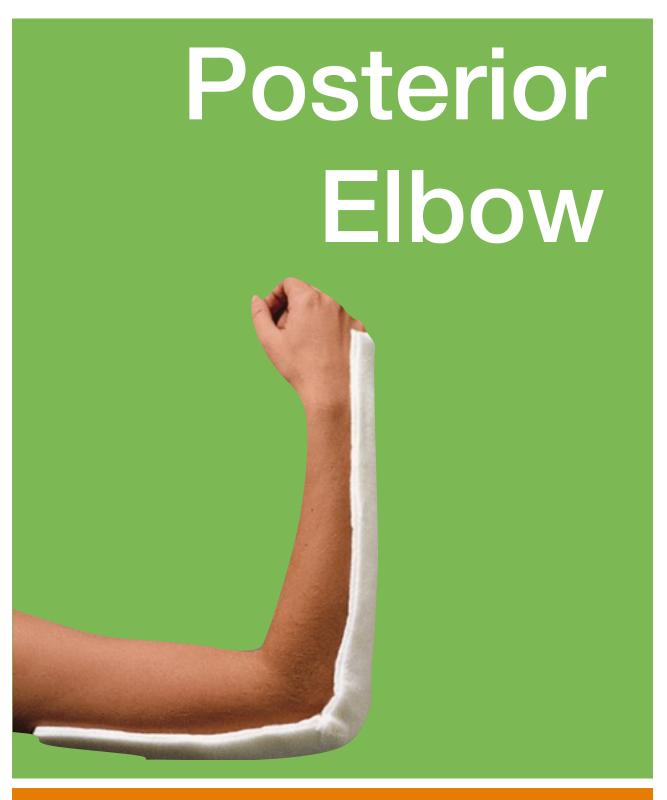
Splints



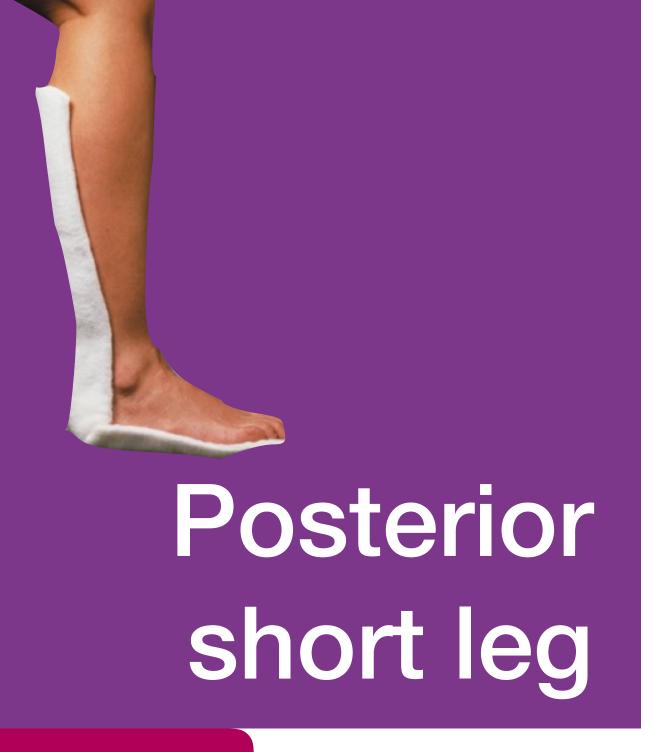












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Bronchiolitis

Diagnosis based on H&P

URI prodome

Rhinorrhea, cough, tachypnea

Wheezing

Increased respiratory effort

Grunting, nasal flaring, and intercostal and/or subcostal retractions



Risk factors for severe disease

- <12 wks old
- History of prematurity
- Underlying cardiac dz
- Immunodeficiency

Tests & Monitoring

Pulse Ox: Spot check

AAP RECOMMENDS AGAINST:

- Continuous pulse ox
- •CXR
- Chest PT

Treatment

- •NC or HFNC: 1 WOB
- **Oxygen**: O₂ sats < 90%
- IVF: if not tolerating PO
- Nasal suctioning

AAP RECOMMENDS AGAINST:

- Albuterol
 We say consider if fam hx of asthma, atopy
- Hypertonic saline
 Not if discharging from the ED, ok if admitting
- Racemic Epi
- Steroids
- Antibiotics

Admit

- Needs supplemental O₂
- Not tolerating PO
- Apnea
- Underlying heart/lung dz

Strongly consider if

- <8 weeks
 - <4 kg
 - RR >60-70/min
 - HR >180/min
 - h/o prematurity

Discharge

Euvolemic tolerating PO Follow up

Not hypoxic

awake, asleep & feeding

 Well appearing minimal work of breathing