Notes/Educational Pearls

Key Considerations

1. Suctioning can be a very effective intervention to alleviate distress since infants are obligate nose breathers
2. Heliox should **not** be routinely administered to children with respiratory distress
3. Insufficient data exist to recommend the use of inhaled steam or nebulized saline
4. Although albuterol and steroids have previously been a consideration, the most recent evidence does not demonstrate a benefit in routine use of albuterol or steroids for bronchiolitis
5. Ipratropium and other anticholinergic agents should not be given to children with bronchiolitis in the prehospital setting
6. Although nebulized hypertonic saline has been shown to decrease hospital length of stay when used for bronchiolitis, it does not provide immediate relief of distress and should not be administered to children in respiratory distress in the prehospital setting

Pertinent Assessment Findings

Frequent reassessment is necessary to determine if interventions have alleviated signs of respiratory distress.

Quality Improvement

Associated NEMSIS Protocol(s) (eProtocol.01) *(for additional information, go to www.nemsis.org)*

- 9914221 – Medical - Respiratory Distress-Bronchiolitis
  - Protocol Age Category: 3602005 - Pediatric Only

Key Documentation Elements

Document key aspects of the exam to assess for a change after each intervention:

- Respiratory rate
- Oxygen saturation
- Use of accessory muscles
- Breath sounds
- Air entry
- Mental status
- Color

Performance Measures

- Supplemental oxygen, high flow oxygen by nasal cannula (HFNC), time to administration of specified interventions in the protocol
- Rate of administration of accepted therapy (whether certain medications/interventions were given)
- Change in vital signs (pulse, blood pressure, respiratory rate, neurologic status assessment) temperature, O_2 saturation and capnography values)
- Time to administration of specified interventions in the protocol
- Number of advanced airway attempts
- Mortality