



## Pediatric Respiratory Distress (Bronchiolitis)

(Adapted from an evidence-based guideline created using the National Prehospital Evidence-Based Guideline Model Process)

### **Aliases**

None noted

### **Patient Care Goals**

1. Alleviate respiratory distress
2. Promptly identify respiratory distress, failure, and/or arrest, and intervene for patients who require escalation of therapy
3. Deliver appropriate therapy by differentiating other causes of pediatric respiratory distress

### **Patient Presentation**

#### **Inclusion Criteria**

Child less than 2 years of age typically with diffuse rhonchi and/or wheezing with a viral or other undifferentiated illness characterized by rhinorrhea, cough, fever, tachypnea, and/or respiratory distress

#### **Exclusion Criteria**

1. Anaphylaxis
2. Croup
3. Epiglottitis
4. Foreign body aspiration
5. Submersion/drowning
6. Asthma

### **Patient Management**

#### **Assessment**

1. History
  - a. Onset of symptoms
  - b. Concurrent symptoms (e.g., fever, cough, rhinorrhea, tongue/lip swelling, rash, labored breathing, foreign body aspiration)
  - c. Sick contacts
  - d. History of wheezing
  - e. Respiratory and other treatments given
  - f. Number of emergency department visits in the past year
  - g. Number of admissions in the past year
  - h. Number of intensive care unit (ICU) admissions ever (including pediatric ICU (PICU) and neonatal ICU (NICU))
  - i. History of prematurity
  - j. Family history of asthma, eczema, or allergies
  - k. Change in feeding patterns and/or number of wet diapers
2. Exam