

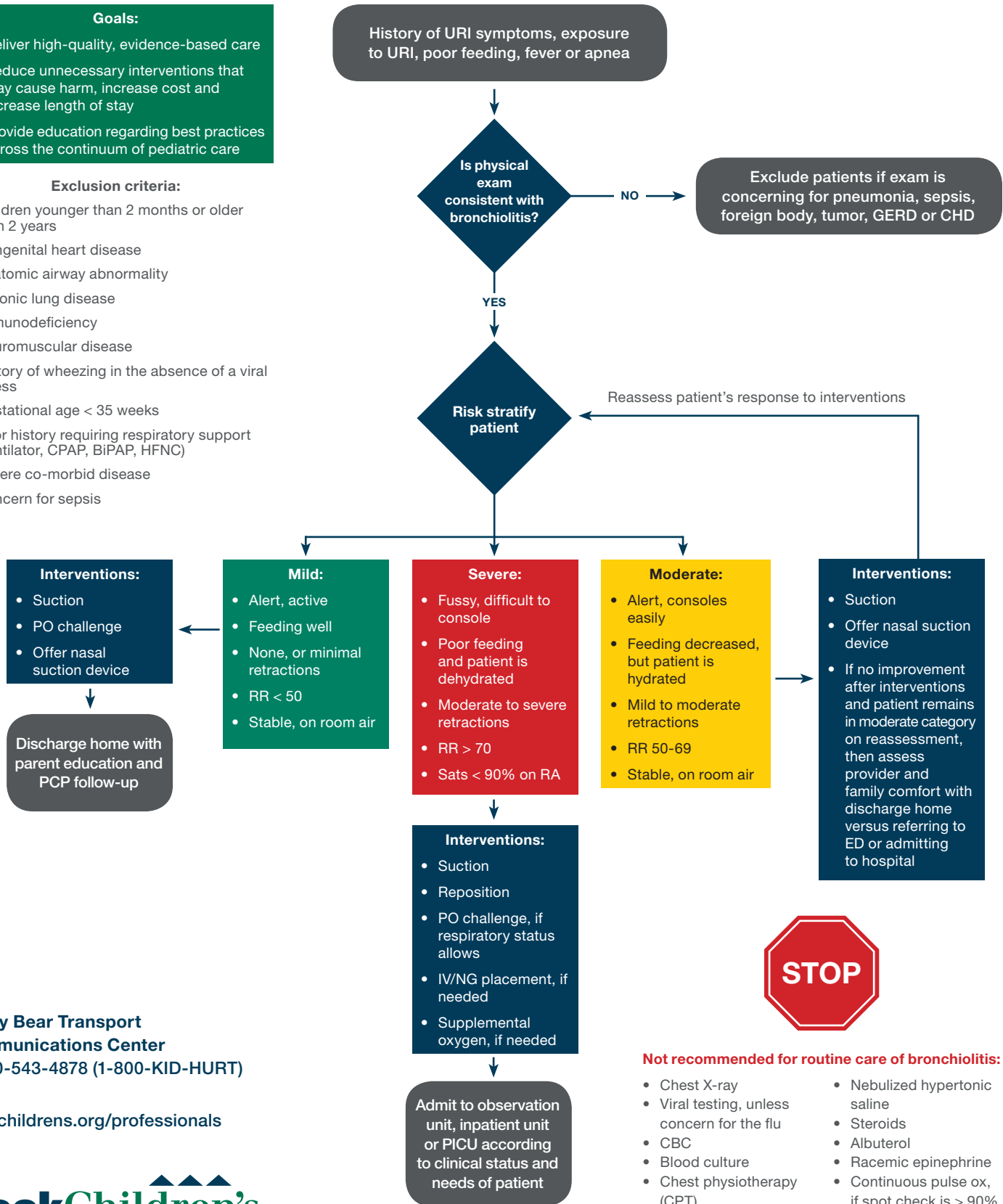
Acute bronchiolitis in the outpatient and emergency department settings

Goals:

- Deliver high-quality, evidence-based care
- Reduce unnecessary interventions that may cause harm, increase cost and increase length of stay
- Provide education regarding best practices across the continuum of pediatric care

Exclusion criteria:

- Children younger than 2 months or older than 2 years
- Congenital heart disease
- Anatomic airway abnormality
- Chronic lung disease
- Immunodeficiency
- Neuromuscular disease
- History of wheezing in the absence of a viral illness
- Gestational age < 35 weeks
- Prior history requiring respiratory support (ventilator, CPAP, BiPAP, HFNC)
- Severe co-morbid disease
- Concern for sepsis



**Teddy Bear Transport
Communications Center**
1-800-543-4878 (1-800-KID-HURT)

cookchildrens.org/professionals



Not recommended for routine care of bronchiolitis:

- Chest X-ray
- Viral testing, unless concern for the flu
- CBC
- Blood culture
- Chest physiotherapy (CPT)
- Antibiotics
- Nebulized hypertonic saline
- Steroids
- Albuterol
- Racemic epinephrine
- Continuous pulse ox, if spot check is > 90%