

# BRONCHIOLITIS TREATMENT GUIDELINES

## Recordings:

Alertness —————> Happy, Playful  
 Quiet  
 Respiratory Rate —————> Working hard to breath  
 Indrawing, breath sounds  
 Head Bobbing  
 Hydration, Oral Intake  
 Temperature

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 All children need oxygen in spite of normal  $\text{SaO}_2$ , if working hard to breath  
 Consult with Physician on all infant < 2 months

### MILD RR <40

Observation  
 Skin Colour  
 Indrawing  
 Auscultation

Looks Well  
 Normal  
 None  
 Normal Breath Sounds

### MODERATE RR 40-60

Observation  
 Skin Colour  
 Indrawing  
 Auscultation

Sick  
 Pallor  
 Mod. Sub-costal  
 Wheeze+rales/ronchi

### SEVERE >60

Observation  
 Skin Colour  
 Indrawing  
 Auscultation

Very Sick/Exhausted  
 Cyanotic  
 Severe  
 Faint +/- Wheeze  
 +rales/ronchi

Reassurance if  $\text{SaO}_2 > 92\%$   
 Maintain good hydration  
 Close follow-up

Oxygen-Continuous  
 PLUS  
 Levo-epinephrine (adrenalin)  
 0.5 - 1.0 ml/Kg/dose of epinephrine  
 1:1000 Maximum dose 5.0 ml  
 Administer with humidified  
 oxygen at 5 to 6 L/minute  
 VENTOLIN x 2mg (optional)  
 <1 yr 2.5mg in 3ml Saline  
 >1 yr 5.0mg in 3ml Saline  
 May be given q15-30 min

Oxygen-Continuous  
 PLUS  
 Levo-epinephrine  
 (adrenalin) 1:1000  
 Start IV  
 Consult Physician

Maintain on Room Air  
 $\text{SaO}_2 > 92\%$  RA  
 Observe for 1 hour on  
 room air

In patient treatment  
 for 2-4 hours

Improvement

Improvement

No Improvement

Discharge and send home  
 Close Follow up  
 review in 12 hours  
 Maintain hydration  
 Ventolin 2 puffs QID + prn  
 with aero chamber @ home

Continuous Oxygen  
 Repeated Adrenalin & /or  
 Ventolin

No Improvement

$\text{SaO}_2 < 92\%$  1 hour post Rx  
**TRANSFER**  
 Continuous OXYGEN  
 Racemic continuous or PRN

## **BRONCHIOLITIS**

### **CRITERIA FOR PHYSICIAN CONSULTATION OR MEDIVAC**

- A. Respiratory rate greater than 60/min
- B. Apnea/cyanosis
- C. Dehydration/poor oral intake/inability to correct dehydration in the nursing station
- D. Oxygen saturation below 92% on room air
- E. Nursing or family fatigue
- F. Nursing discomfort with the status of the patient

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