

INCLUSION CRITERIA

Pts 1mo-<2year presenting with viral lower respiratory tract infection with/without rhinitis and cough, tachypnea, wheezing, rales, use of accessory muscles or nasal flaring

EXCLUSION CRITERIA

- Complex medical history
- History of asthma or chronic pulmonary disease
- Cardiac disease
- Neuromuscular disease
- Abnormal airway
- Immunodeficiency

MEASURES

- Use of respiratory score

NOT ROUTINELY RECOMMENDED

- Deep suction; only recommended for airway obstruction causing significant respiratory distress
- Respiratory viral testing
- Covid/Flu/RSV, *unless required for hospital admission*
- CXR
- Albuterol
- Steroids
- Hypertonic saline
- Racemic epinephrine
- Antibiotics

CXR Criteria-

Hypoxia <90%, persistent focal abnormalities on repeat examinations, prolonged course of illness, severe respiratory distress scoring >8.

Apnea - Cessation of breathing for 20 seconds or longer, or as a briefer episode associated with bradycardia, cyanosis, or pallor (AAP)

DISCHARGE CRITERIA

- Resp Score 1-6 with retractions to only 1 area or mild tachypnea
- | | |
|----------|----------|
| <2 mo | RR 61-69 |
| 2-12 mo | RR 51-59 |
| 13-24 mo | RR 41-44 |
- Tolerating PO by hx or observation
 - Sats ≥ 90%
 - No apneic episodes

INITIAL ASSESSMENT

- Obtain vital signs, including spot pulse ox
- Treat fever PRN
- Utilize Bronchiolitis Smart Set
- Provider/RN/LPN documents initial respiratory score
- Patient may continue to feed normally if scoring mild or moderate (1-8)
- Assess for history of apneic episodes with this illness

Mild (1-4)

Treatment

- Recommend supportive care including suctioning, fever management, and ensuring adequate PO intake

Moderate (5-8)

Treatment

- MA/RN/LPN/Provider suction with bulb syringe
- Reassess respiratory score when patient is calm
- If SpO₂ <90%, apply continuous pulse ox and provide supplemental O₂ via nasal cannula (2L-6L) to maintain SpO₂ ≥ 90%

Severe (≥9)

Treatment

- MA/RN/LPN/Provider suction with bulb syringe
- Reassess respiratory score when patient is calm
- If improvement in score and less than 9, follow mild or moderate guidelines
- If SpO₂ <90%, apply continuous pulse ox and provide supplemental O₂ via nasal cannula (2L-6L) to maintain SpO₂ ≥ 90%
- Keep patient NPO

Recommend Home Care and Provide Instructions

- Suctioning demonstrated
- Signs of dehydration discussed
- Signs of resp distress including tachypnea and retractions
- Duration of illness (2-4wk)
- Follow-up as needed

Home Care Criteria Met?*

YES

NO

Refer to ED

- Continue supportive care including suctioning
- Transfer via ambulance if O₂ requirement

EMERGENCY
Call 911 or activate emergency response system

Respiratory Score Guideline (Under 2)

Variable	0 points	1 point	2 points	3 points
RR				
≤ 2 mo		<60	61-69	≥70
2-12 mo		≤50	51-59	≥60
1-2 yr		≤40	41-44	>45
Retractions	None	Mild retractions: Subcostal or intercostal	Moderate retractions in 2 of the following: subcostal, intercostal, substernal, OR nasal flaring	Severe retractions in 3 of the following: subcostal, intercostal, substernal, suprasternal, supraclavicular, OR nasal flaring/head bobbing
Dyspnea <i>*Automatic score of 1 for enteric feeding device</i>	Normal feeding, vocalizations and play	1 of the following: difficulty feeding, decreased vocalization or agitation	2 of the following: difficulty feeding, decreased vocalization or agitated	Lethargic, inconsolable, refusing to take PO
Auscultation	No wheezing and/or clear breath sounds	End-expiratory wheeze only	Expiratory wheeze only (greater than end-expiratory wheeze)	Inspiratory/Expiratory wheeze OR diminished breath sounds OR both

Abbreviation

Abbreviation	Terminology	Abbreviation	Terminology
CXR	Chest x-ray	prn	As needed
hx	History of	pulse ox	Pulse oximeter
L	Liter	pts	Patients
LPN	Licensed Practical Nurse	resp	Respiratory
MA	Medical Assistant	RN	Registered Nurse
mo	Month	RSV	Respiratory Syncytial Virus
NPO	Nothing by mouth	sats	Saturations
O2	Oxygen	SpO2	Peripheral oxygen saturation
po	By mouth	wk	Week

Disclaimer: The clinical pathways are based upon publicly available medical evidence and/or a consensus of medical practitioners at Nemours Children's Health ("Nemours") and are current at the time of publication. These clinical pathways are intended to be a guide for practitioners and may need to be adapted for each specific patient based on the practitioner's professional judgment, consideration of any unique circumstances, the needs of each patient and their family, and/or the availability of various resources at the health care institution where the

VERSION MANAGEMENT

- Version 1.0 (10/4/2022): Go Live.
- Version 2.0 (10/23/2025): Look back review completed.

Questions about this pathway should be directed to clinicalpathways@nemours.org.

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