

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

CLINICAL GUIDANCE

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

HOME CARE CRITERIA

- Mild symptoms per severity tool
- Tolerating PO by hx or observation
- No reported apnea

INITIAL ASSESSMENT

- Obtain temperature per parental history
- Recommend treating fever as needed
- Provider to document respiratory severity based on RR, retractions, and dyspnea
- Assess for history of apneic episodes with this illness
- Has the patient been seen in UC, PC, ED, or hospital in the last 24-48 hours?

Mild

Treatment

- Recommend supportive care including suctioning, fever management, and ensuring adequate PO intake
- Consider referral to ED if reported apneic episodes

Recommend Home Care- Provide Instructions

- Suctioning technique
- Signs of dehydration
- Signs of respiratory distress including tachypnea and retractions
- Duration of illness (2-4wk)
- Follow-up (24-72 hours)

Moderate

Treatment

- Family to suction nares with bulb syringe or similar

Refer to the ED

Severe

Treatment

- Family to suction nares with bulb syringe or similar
- Keep patient NPO

EMERGENCY
Call 911

Bronchiolitis Severity - Telehealth			
Variable	Mild	Moderate	Severe
RR			
< 2 mo	<60	61-69	≥ 70
2-12 mo	≤50	51-59	≥ 60
1-2 yr	≤40	41-44	> 45
Retractions	None or 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	Two of the following: difficulty feeding decreased vocalization agitation Audible wheezing	Lethargic, inconsolable, refusing to take PO, grunting

Abbreviation			
Abbreviation	Terminology	Abbreviation	Terminology
CXR	Chest x-ray	pts	Patients
ED	Emergency Department	resp	Respiratory
hx	History of	RR	Respiratory rate
mo	Month	RSV	Respiratory Syncytial Virus
NPO	Nothing by mouth	UC	Urgent care
PC	Primary care	wk	Week
po	By mouth		

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 patient is located.

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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