

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 per PRN
- Provider documents initial respiratory score
- Patient may continue to feed normally if scoring mild or moderate (1-8)
- Assess for apneic episodes with this illness

Mild (1-4)

Next Step

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

Moderate (5-8)

Next Step

- MA/RN/Provider/Rad tech suction with bulb syringe or nasal aspirator(RN only)
- Reassess respiratory score when patient is calm
- If SpO2 <90%, apply continuous pulse ox and provide supplemental O2 via non-rebreather/updraft mask to maintain SpO2 ≥90%

Severe (≥9)

Next Step

- MA/RN/Provider/Rad tech suction with bulb syringe or nasal aspirator(RN only)
- Reassess respiratory score when patient is calm
- If SpO2 <90%, apply continuous pulse ox and provide supplemental O2 via non-rebreather/updraft mask
- Keep patient NPO

Resp score >9?

Yes

Call 911

Transfer via ambulance
Contact Nemours via Transfer Center
1-855-543-2364

Discharge Criteria Met?*

Yes

No

Refer to ED

- Contact Nemours via Transfer Center 1-855-543-2364
- Continue supportive care including suctioning; allow patient to feed as tolerated
- Transfer via ambulance if O2 requirement

Discharge Patient- Provide Patient Education

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

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 agitation	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	Pulse ox	Pulse oximeter
ED	Emergency Department	pts	Patients
hx	History of	resp	Respiratory
MA	Medical Assistant	RN	Registered Nurse
mo	Month	RR	Respiratory Rate
NPO	Nothing by mouth	RSV	Respiratory Syncytial Virus
O2	Oxygen	sats	Saturations
PO	By mouth	SpO2	Peripheral oxygen saturation
PRN	As needed	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 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.

AUTHORS & REFERENCES

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