

Respiratory Care Protocol	Written by: Respiratory Leaders	Policy Page 1 of 3
Approved : 10/2008 07/2012	Origin: 10/2008 Revised: 6/2012	Title: Bronchiolitis Protocol

PURPOSE: Bronchiolitis is most commonly caused in infants by viral lower respiratory tract infection. Airway edema and mucus plugging are the predominant pathological features. Current evidence suggests nebulized 3% saline may significantly reduce the length of hospital stay and improve the clinical severity score.

PROCEDURE:

- I. Physician orders *Initiate Pediatric Bronchiolitis Protocol*.
- II. If the physician desires to order a modality outside of the protocol, the physician will not order the protocol.
- III. The respiratory therapist assesses the patient utilizing the Bronchiolitis Assessment Score.
- IV. The therapist inputs the appropriate medication order(s) based on score, class (attachment 1) and algorithm (attachment 2). The order type is entered as Policy/MEC-approved Protocol.
- V. All classes will have appropriate suction PRN.
- VI. Classes 1-3 will get sodium chloride 3% inhalation solution (4mL) at the frequency designated in the algorithm. Albuterol MDI (2 puffs) with spacer or 2.5 mg nebulized will precede the sodium chloride only if indicated by patient or family history of asthma.
- VII. A minimum of two treatments will be provided in each class prior to advancement.
- VIII. Advancement will be based on pre-treatment score only.
- IX. If the patient demonstrates an adverse reaction or an acute deterioration in condition, the therapist will abort any further therapy and contact the physician immediately.

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Attachment 1

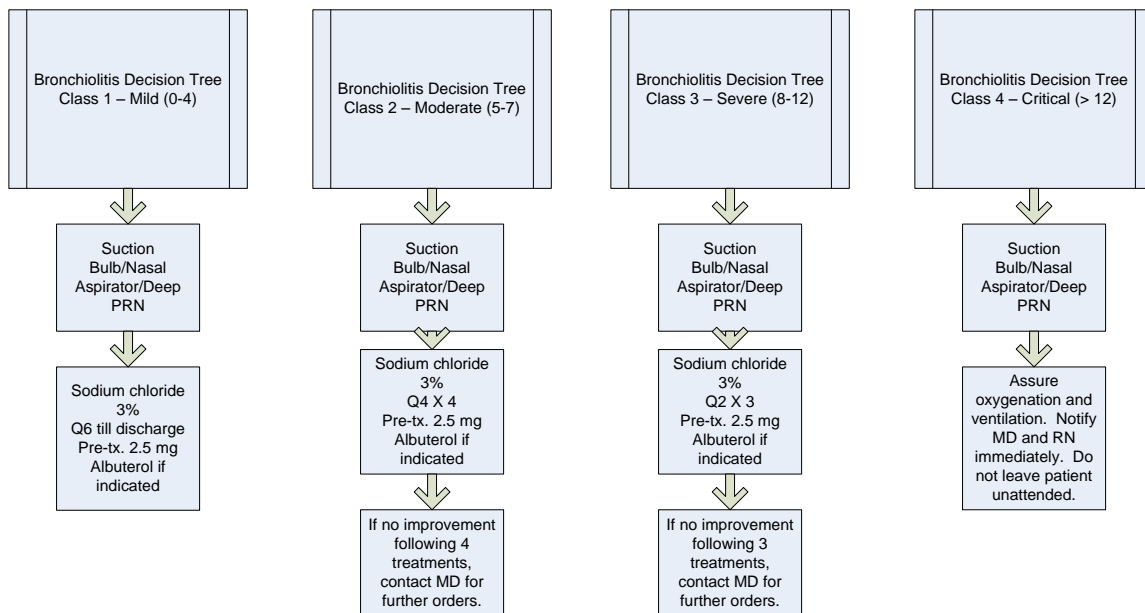
BRONCHIOLITIS ASSESSMENT/SCORING

Class 1 Mild	Class 2 Moderate	Class 3 Severe	Class 4 Critical
0-4	5-7	8-12	>12

	0 points	1 Point	2 Points	3 Points
Respiratory Rate	≤ 40	41-50	51-60	>60
Breath Sounds	Clear	End Exp. Wheeze Crackles	Insp./Exp Wheeze Crackles	Insp./Exp Wheeze Crackles
Retractions	None to mild	Intercostal/ Subcostal	Intercostal Substernal Supraclavicular	Global
Mental Status	Normal Alert	Irritable consolable	Irritable not consolable	Lethargic
O2 Saturations	95% on RA	92-94% on RA	90-95% on <40% O2	90% or >40% O2
CAP Refill	<3 sec	<3 sec	<3 sec	≥ 3 sec

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Attachment 2



References for Respiratory Bronchiolitis Protocol

1. American Academy of Pediatrics. (2006). Diagnosis and management of bronchiolitis. 118, 1774-1793.
2. Steiner. (2004). Treating acute bronchiolitis associated with RSV. *American Family Physician*, 69, 325-330.
3. Leung, Kellner, Davies. (2005). Management of bronchiolitis in children. *J. National Medical Association*, 97(12), 1708-1713.
4. Zhang, L., Mendoza-Sassi, R., Wainwright, C. & Klassen, T. (2008). Nebulized hypertonic saline solution for acute bronchiolitis in infants. *Cochrane Database Syst Rev.* (4), CD006458.