

BRONCHIOLITIS LSU- INPATIENT GUIDELINES

1. Oxygen supplementation for oxygen saturation \leq 91%.
2. IV hydration for infants with RR > 80 or with increased work of breathing.
3. Nasal suctioning before feeding.
4. Respiratory therapist to do assessment at admission and q 2 for 8 hours. Assessment should be changed to q 4 hours after this unless respiratory status worsens. If in distress, suction out nose after instillation of normal saline. Notify M.D. if patient is worse, may give treatment.
5. Nebulized epinephrine only if shown to be beneficial in ED or for X 1 trial on floor.
6. Antibiotics not routine.
7. Steroids not routine.
8. RSV testing not routine.
9. Nebulized treatments not routine.

Discharge Criteria

1. No oxygen supplementation necessary.
2. Infant taking at least 80 % of baseline oral feeds.
3. Parents have education regarding disease including duration.