

Diagnosis	Vital Signs	General Orders	Ongoing Care/Interventions	Other
<p>Bronchiolitis</p>	<p>Order of vital sign frequency is dependent on patient condition and respiratory distress (e.g., Q4H)</p> <p>History of apneas/desats/bradycardia – patient to be placed on cardio-respiratory monitor with closer nursing observation (e.g., VS Q1H)</p> <p>Keep SpO2 > 89% (room air saturation trials to ensure O2 is still required)</p> <p>Pre & post-nebulized treatment on Bronchiolitis Scoring Tool</p> <ul style="list-style-type: none"> • Baseline • 30-60 mins post face-mask 	<p>Goal is to manage bronchiolitis with supportive management. Symptoms usually peak around day 5 of illness; maintain awareness of and monitor for worsening clinical status</p> <p><u>MEDICATIONS:</u></p> <ul style="list-style-type: none"> • Acetaminophen [10-15 mg/kg/dose] PO Q4H PRN <i>for fever</i> • If supportive measures fail, may attempt a TRIAL DOSE of nebulized Epinephrine : Epinephrine [0.5 mg/kg- max 5 mg] nebulized face mask x1 (use 1mg/ml concentration - <i>low volume doses must be mixed with 0.9% NaCl to make minimum volume of 4ml</i>) <p><u>OTHER ORDERS:</u></p> <ul style="list-style-type: none"> • IV solution therapy <i>for patients with dehydration, not tolerating PO intake and/or severe respiratory distress or tachypnea</i> • Nasopharyngeal swab for COVID, RSV, RV16 or ALLPLEX • Isolation: Droplet/Contact Precautions, plus Airborne if AGMP occurring <p>NOT RECOMMENDED – hypertonic saline face mask, salbutamol face mask/MDI, corticosteroids, antihistamines</p>	<p><u>MONITORING/DIET</u></p> <ul style="list-style-type: none"> • Accurate intake & output • Isolation – Enhanced Droplet/Contact • Feed in upright position, no bottle propping • NPO if RR >70 – initiate IVF or NG feeds • Suction nares of infants < 3 months of age prior to feeds • Suction nares of infants > 3 months as needed • Use appropriate flow of oxygen to maintain oxygen saturations <p>Diagnostic tests (chest XR, bloodwork) are not routinely completed for a patient with bronchiolitis</p> <ul style="list-style-type: none"> • Exception: < 3 months of age with fever to rule out sepsis or differential diagnoses 	<p><u>DISCHARGE CRITERIA</u></p> <ul style="list-style-type: none"> • RR <60, O2 therapy no longer required • Tolerating PO fluids to maintain hydration • Caregiver teaching completed (signs & symptoms of dehydration, respiratory distress), when to return to physician, emergency department or urgent care • Demonstrated ability to bulb suction infants > 3 months of age • Arranged follow up appointments (suggest following up with own MD within 1 week) <p>If patient fails supportive management and nebulized epinephrine trial, consider a consult to the Pediatrician at HSC Children’s, Brandon Regional Health Centre or Thompson General Hospital.</p>