SickKids	Document Scope: Hospital-wide Patient Care
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	Management of Bronchiolitis in Infants — Version: 3

Co-issued by Paediatric Medicine and the Division of Paediatric Emergency Medicine.

Introduction

Bronchiolitis is an acute inflammatory disease of the lower respiratory tract, resulting from obstruction of small airways. It is initiated by infection of the upper respiratory tract by any one of a number of seasonal viruses, the most common of which is respiratory syncytial virus (RSV).

Previous confusion around the clinical management of infants with bronchiolitis has improved with the creation and integration of clinical practice guidelines. Typical bronchiolitis in infants is a self-limited disease, usually due to an acute viral infection whose clinical course is not generally altered by aggressive evaluations/interventions, use of antibiotics, or other therapies. Most infants who contract bronchiolitis recover without sequelae; however, rates of admissions have increased from 1% to 3% of all infants.

Several studies on the use of clinical guidelines for the management of infant bronchiolitis have shown a reduction in unnecessary resource utilization with a streamlining of medical care for these infants.

Objectives

In the target population, the objectives of this guideline are to:

- decrease the use of unnecessary diagnostic studies;
- decrease the use of medications;
- provide guidance on the use of appropriate respiratory therapy;
- improve the rate of appropriate admission;
- improve the use of appropriate monitoring activities; and
- decrease length of stay.

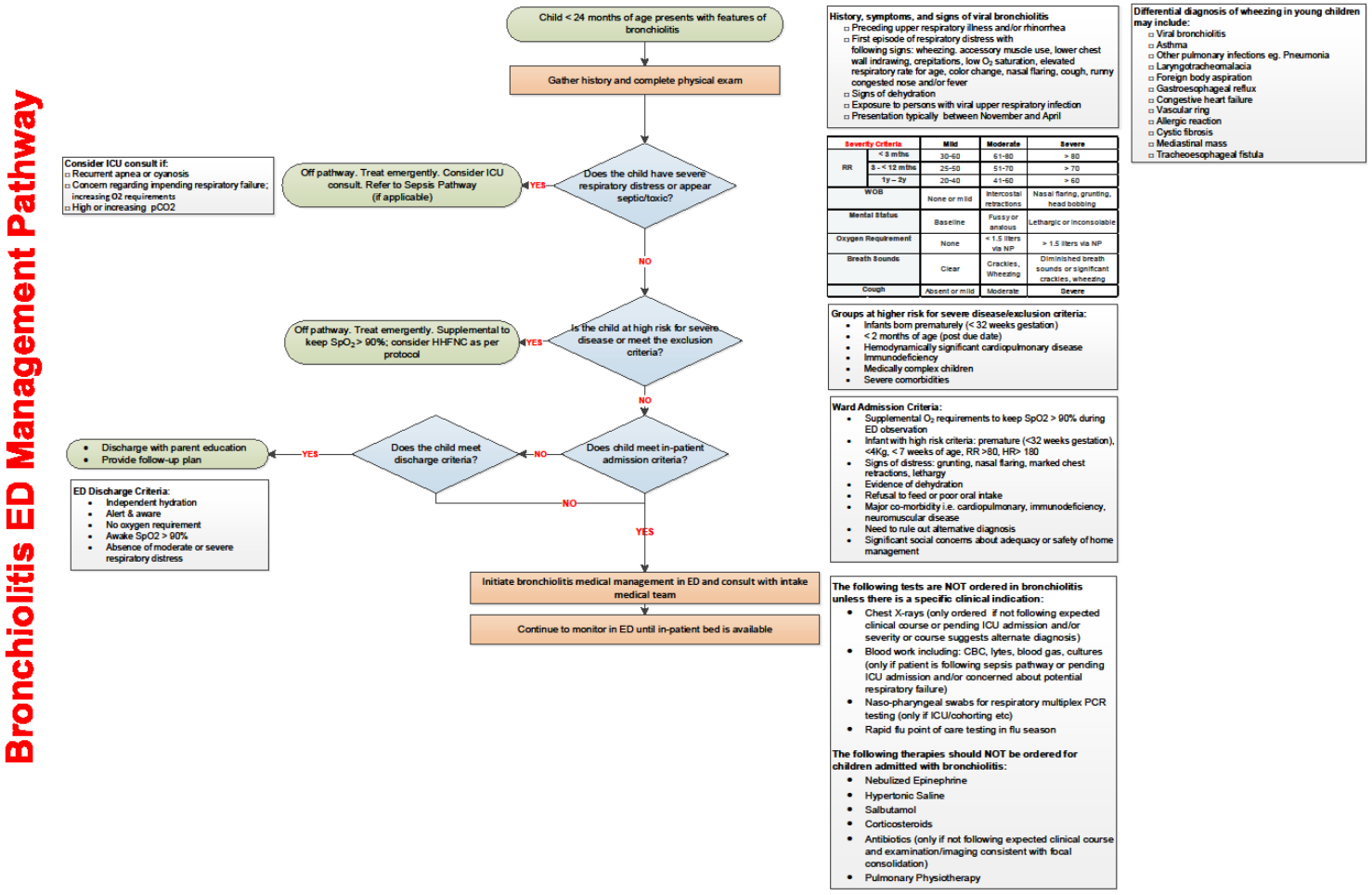
Target Users

Include, but are not limited to:

- Emergency Medicine physicians, nurses, nurse practitioners, and trainees
- Inpatient physicians, nurses, nurse practitioners, and trainees
- Respiratory Therapists
- Pharmacists
- Patients and families

Clinical recommendations summary table

ED Management Recommendations



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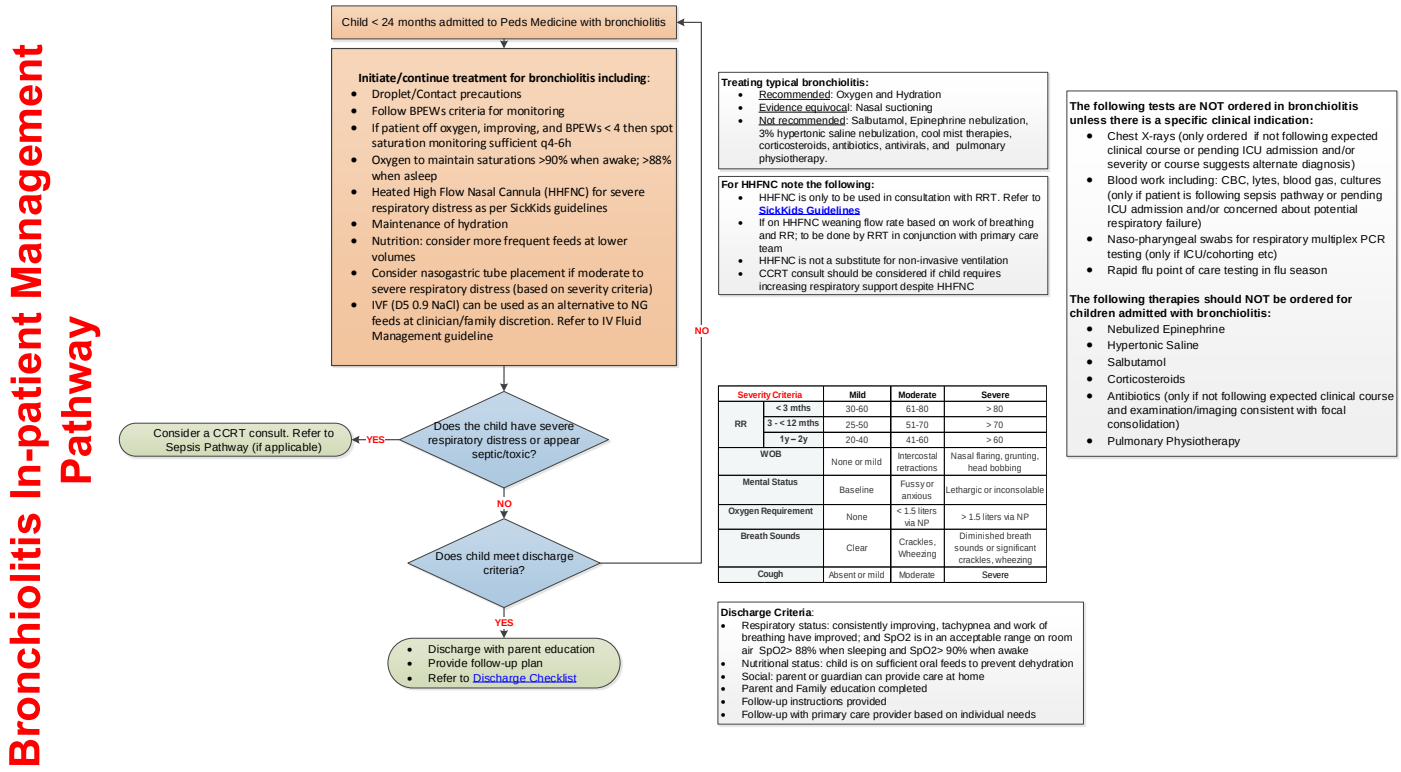
Inpatient Management Recommendations



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Implementation and Evaluation Plan

Implementation Plan

- Education and awareness building by Paediatric Medicine and ED Divisions' practice champions during resident/fellow orientation, resident educational rounds, and nursing orientation/staff meetings.
- ED and Inpatient Medical Director to communicate any updates in practice to ED and Paediatric Medicine Divisions respectively.

Evaluation Plan

- Ongoing monitoring of bronchiolitis pathway adherence.

Guideline Group and Reviewers

Guideline Group Membership:

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1. Alexander A, McGee A, Wazeerah T. Oral nutrition in children with bronchiolitis on high-flow nasal cannula is well tolerated. *Hospital Pediatrics*. 2017; 7 (5), 249-255

2. Canadian Paediatric Society. Bronchiolitis: Recommendations for diagnosis, monitoring and management of children one to 24 months of age. *Paediatrics and Child Health* 2014; 19(9):45-91. (Reaffirmed 2017)

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5. O'Brien S, et al. Australasian bronchiolitis guideline. *Journal of Paediatrics and Child Health*; 2019, 55, 42-53

6. Ralston S, Allan S, Lieberthal H, et al. Clinical Practice Guideline: The diagnosis, management, and prevention of bronchiolitis. *Pediatrics*. 2014; 134(5)

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8. Schuh S, Lalani A, Allen U, et al. Evaluation of the Utility of Radiography in Acute Bronchiolitis. *J Pediatr.* 2007;150:429-33

Attachments:

Clinical Reccomendations_July 2019.pdf

Discharge Checklist Bronchiolitis_June 29.docx

inpatient pathway_july 5.pdf

ED pathway_july 5.pdf