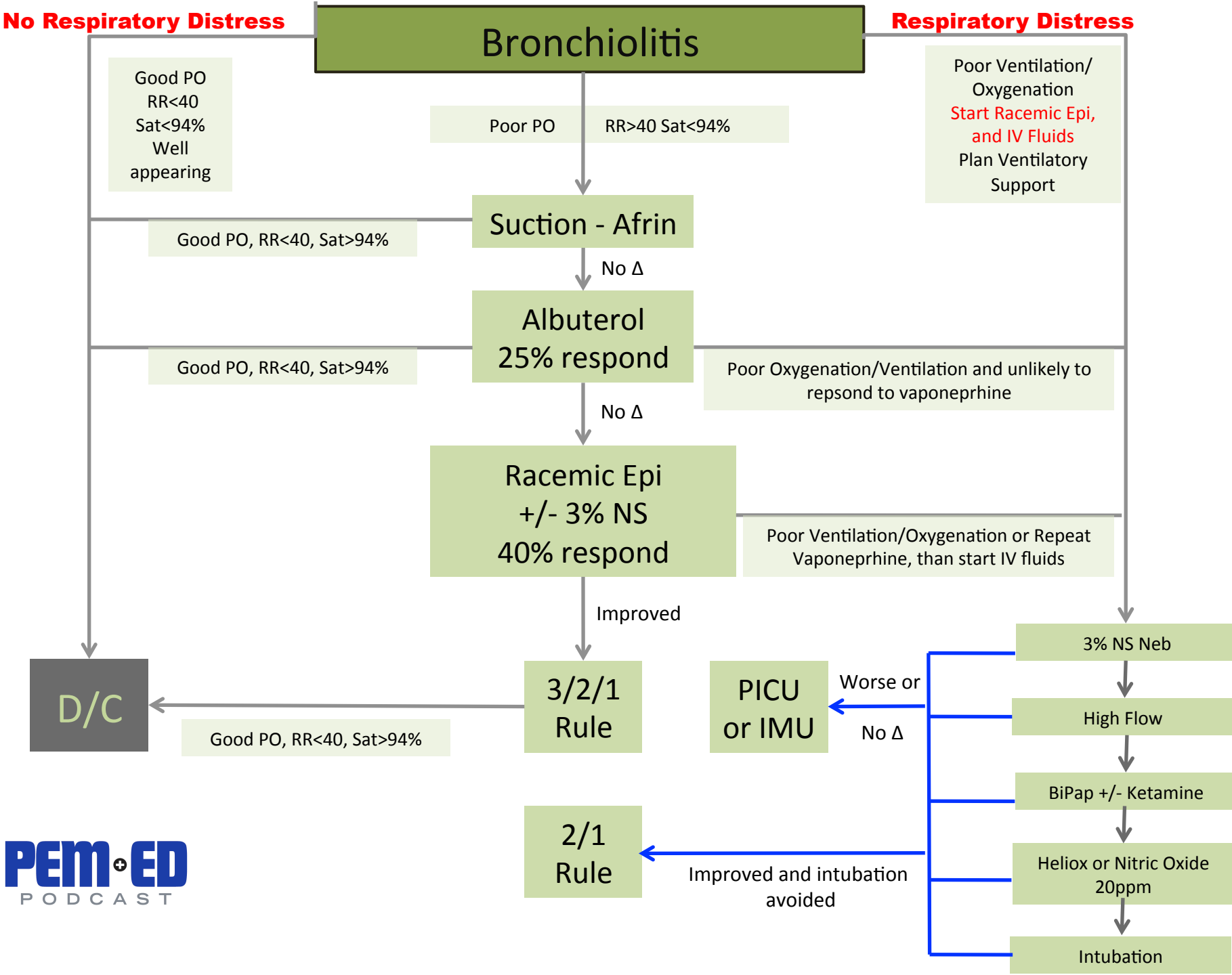

No Respiratory Distress
Bronchiolitis
Respiratory Distress
Good PO
RR<40
Sat<94%
Well appearing
Poor PO
RR>40 Sat<94%
Poor Ventilation/ Oxygenation
Start Racemic Epi, and IV Fluids
Plan Ventilatory Support
Suction - Afrin
Good PO, RR<40, Sat>94%
No Δ
Albuterol 25% respond
Good PO, RR<40, Sat>94%
Poor Oxygenation/Ventilation and unlikely to repsond to vaponeprhine
No Δ
Racemic Epi +/- 3% NS 40% respond
Poor Ventilation/Oxygenation or Repeat Vaponeprhine, than start IV fluids
Improved
D/C
3/2/1 Rule
Good PO, RR<40, Sat>94%
PICU or IMU
Worse or
No Δ
3% NS Neb
High Flow
BiPap +/- Ketamine
Heliox or Nitric Oxide 20ppm
Intubation
2/1 Rule
Improved and intubation avoided
PEM·ED PODCAST

Albuterol Nebs and Dosing

- Albuterol 0.6mg/ml over 1hr = 10mg
- Albuterol 0.9mg/ml over 1hr = 15mg
- Albuterol 1.3mg/ml over 1hr = 20mg
- Albuterol 90 mcg/puff – 2-4 puffs
- Xopenex 44mcg/puff – 4-6 puffs

Steroid Dosing

- Methlprednisolone 2mg/kg, max 60mg/dose
- Prednisolone 2mg/kg max 60mg/dose

Vaponephrine (Racemic Epinephrine)

- 0.5ml per neb

PEM·ED PODCAST

2/1 Spacing Rule

- 2 hours = floor
- 1 hour = PCU (step down)
- Continuous Albuterol or Vapo = PICU

3/2/1 Spacing Rule

- 3 hours = home
- 2 hours = floor
- 1 hour = PCU (step down)
- Continuous Albuterol or Vapo = PICU

Action Plan

- **Xopenex 4-6 puffs q 4 hrs for 2d, then 2-4 puffs q 4 hrs day.**
- **Acute worsening then trial of 6 puffs, wait one hour and take 6 more puffs, if no improvement then go to ER**

- **Albuterol 4 puffs q 4 hrs for 2d, then 2 puffs q 4 hrs day.**
- **Acute worsening then trial of 6 puffs, wait one hour and take 6 more puffs, if no improvement then go to ER**

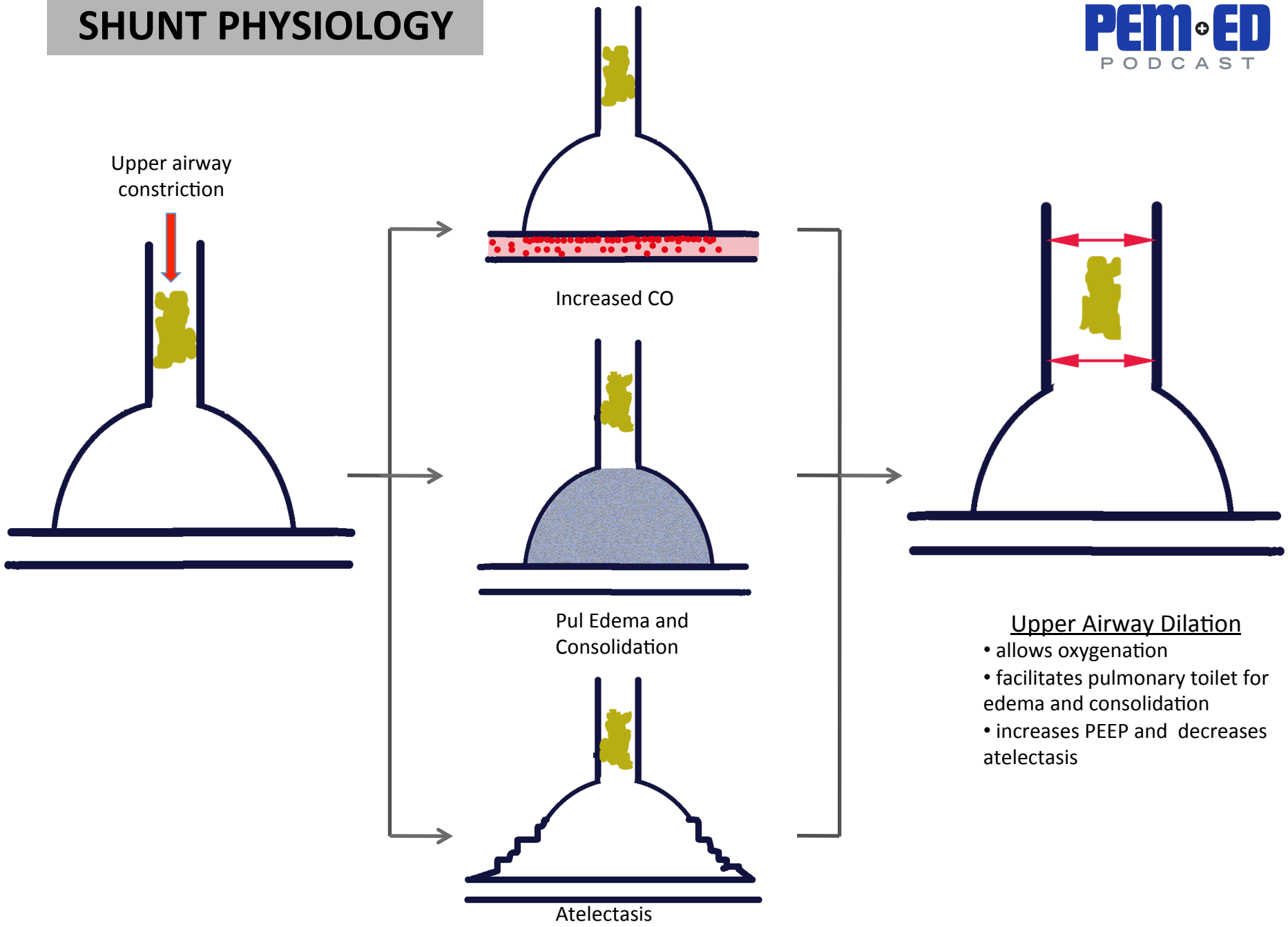
Persistent Respiratory Rate >60

- NPO – risk of aspiration
- IV and hydrate

Clinical Respiratory Score (CRS)

Assess	Score 0	Score 1	Score 2
Respiratory Rate	<2 mos <50 2-12 mos <40 1-5 yrs < 30 >5yrs<20	<2 mos 50-60 2-12 mos 40-50 > 1-5 yrs 30-40 >5yrs20-30	<2 mos > 60 2-12 mos > 50 > 1-5 yrs > 40 >5yrs>30
Auscultation	Good air movement, scattered expiratory wheezing, loose rales/crackles.	Depressed air movement, inspiratory and expiratory wheezes or rales/crackles.	Diminished or absent breath sounds, severe wheezing, or rales/crackles, or marked prolonged expiration.
Use of Accessory Muscles	Mild to no use of accessory muscles. Mild to no retractions, nasal flaring on inspiration.	Moderate intercostal retractions, mild to moderate use of accessory muscles, nasal flaring.	Severe intercostal and substernal retractions, nasal flaring.
Mental Status	Normal to mildly irritable	Irritable, agitated, restless.	Lethargic
Room Air $Sp0_2$	> 95%	90-95%	<90%
Color	Normal	Pale to normal	Cyanotic, dusky

SHUNT PHYSIOLOGY



Upper Airway Dilation

- allows oxygenation
- facilitates pulmonary toilet for edema and consolidation
- increases PEEP and decreases atelectasis