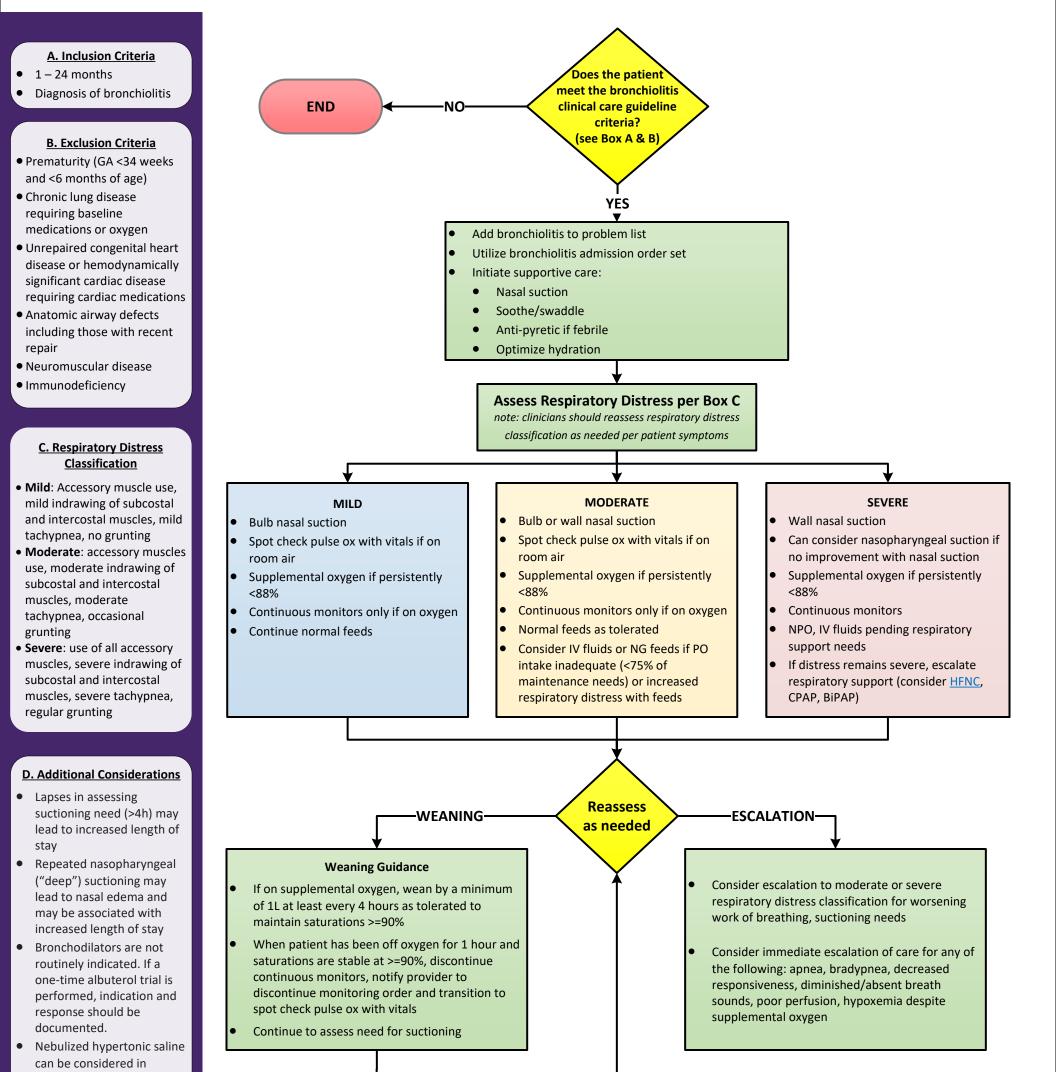
# Ann & Robert H. Lurie Children's Hospital of Chicago<sup>\*</sup>

# Bronchiolitis Algorithm Inpatient

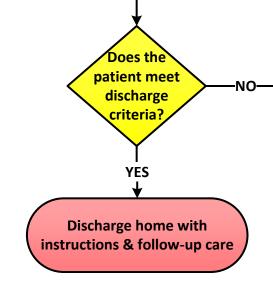




especially if hospital course protracted.

admitted children,

- Systemic corticosteroids,
  CXR, and/or viral testing are not routinely recommended.
- Antibiotics are not routinely recommended unless there is evidence of or strong suspicion for a concurrent bacterial infection



# **Discharge Criteria**

- Off oxygen for 4 hours
- Mild to no respiratory distress
- No wall suctioning required for 4 hours prior to discharge
- Able to maintain adequate oral intake: >= 75% of expected oral intake for 4 hours prior to discharge
- Follow-up care available
- Return criteria & supportive care reviewed with family



## Last update: 05.02.2024 AS

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This guideline is developed based on the best available evidence and local expert consensus for elements of which evidence are inconclusive.

#### **Bronchiolitis Clinical Care Guideline Overview**

#### **Background & Problem:**

 Variation in care of bronchiolitis patients has resulted in higher than expected observed/ expected length of stay (LOS) ratio.

#### Inclusion:

- Patients 1 24 months
- ED: clinical impression bronchiolitis
- Inpatient: diagnosis of bronchiolitis

#### Exclusion:

- Prematurity (GA <34 weeks and <6 months of age)</li>
- Chronic lung disease requiring baseline medications or oxygen
- Unrepaired congenital heart disease or hemodynamically significant cardiac disease requiring cardiac medications
- Anatomic airway defects including those with recent repair
- Neuromuscular disease
- Immunodeficiency

#### Outcome Measure:

Length of stay

## Process Measures:

ED discharge rate

#### Balancing Measures:

No return to ED rate

### **Contributors**

Improvement Consultants: • Allie Shaw

## **Version History**

### February 2014, April 2023

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Last update: 07.19.2024 AS

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