**INTRODUCTION**

- Leading cause of hospitalization for infants <1 year of age
- Typically diagnosed in children <24 months of age
- Respiratory syncytial virus (RSV) is the most common cause, accounting for 50-80% of cases
- Respiratory distress results from airway obstruction, atelectasis, and wheezing/bronchospasm in some patients
- [http://pediatrics.aappublications.org/content/134/5/e1474](http://pediatrics.aappublications.org/content/134/5/e1474)

**INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE**

**Evaluation**

- HX: rhinitis and cough leading to increasing respiratory distress
- PE: crackles, wheezes or both (the “washing machine” sound)
- Poor intake and respiratory distress in more severe cases
- Chest radiographs not needed for typical presentation
- **RSV testing not routinely needed**, as it does not change treatment

**Management**

- Mild cases: supportive care only (oral hydration, nasal suction/aspiration, acetaminophen as needed)
- **NO benefit from albuterol, epinephrine, corticosteroids**, humidification, antibiotics, chest physiotherapy, mucolytics

**WHEN TO REFER / HOSPITALIZE**

- Poor oral intake / dehydration
- Respiratory distress / persistently increased work of breathing
- Hypoxia
- Close follow-up if age <12 weeks, history of prematurity, underlying chronic cardiopulmonary disease or immunodeficiency

**HOW TO REFER**

- (413) 794-KIDS
- Call Baystate Children’s Hospital at (413) 794-0000 and ask for the Pediatric Hospitalist On-Call

**WHAT TO EXPECT FROM BAYSTATE CHILDREN’S HOSPITAL VISIT**

- Assessment for other potential causes of difficulty breathing
- Intravenous hydration if needed
- Supplemental oxygen if oxygen saturation <90%
- Nasal and deep suctioning of secretions if needed
- Evaluation by pediatric intensive care service if higher levels of respiratory support needed

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