## Practical Pearl: Bronchiolitis

### 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/early/2014/10/21/peds.2014-2742](http://pediatrics.aappublications.org/content/early/2014/10/21/peds.2014-2742)

### 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
- Witnessed apnea
- 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
- Infants/children in respiratory distress should be referred to the ED for stabilization prior to admission
- Otherwise, call (413) 794-KIDS
- If you have questions, 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 (simple nasal cannula or high flow nasal cannula) if oxygen saturation <90% or observed respiratory distress
- Nasal and deep suctioning of secretions if needed
- Evaluation by pediatric intensive care service if requiring higher levels of respiratory support needed