

Consensus Clinical Guidelines for Inpatient Management of Viral Bronchiolitis:

UCSF Northern California Pediatric Hospital Medicine Consortium

Executive summary

Objectives

- Standardize care of pediatric patients with viral bronchiolitis in the acute care and inpatient settings

Recommendations

- Diagnosis
 - Viral testing, other laboratory tests, and CXRs are not routinely indicated for uncomplicated bronchiolitis.
- Hospital Admission
 - Infection control and isolation should be based on clinical symptoms
 - Pulse oximetry is indicated:
 - First 2-4 hours of admission
 - All patients with an oxygen requirement and 2-4 hours after resolution of O₂ requirement
 - Infants <48 weeks post conceptual age
 - Severe respiratory distress or altered mental status
 - Discharge Criteria: minimal respiratory distress, no oxygen requirement x 12-24 hours, adequate PO hydration
- Treatment
 - Mainstay of treatment is supportive care with supplemental oxygen, nasal saline, gentle suctioning (no deep suctioning), IV fluids if needed
 - Chest PT, albuterol, hypertonic saline, racemic epinephrine, steroids, or antibiotics are NOT ROUTINELY recommended.

Methods

This guideline was developed through local consensus based on published evidence and expert opinion as part of the UCSF Northern California Pediatric Hospital Medicine Consortium.

Metrics Plan