

AAP Section on Emergency Medicine Committee on Quality Transformation

Clinical Algorithm for Bronchiolitis in the Emergency Department Setting

Bronchiolitis Content Expert Team

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Note

This algorithm does not represent AAP policy and was not reviewed or approved by the AAP Board of Directors.

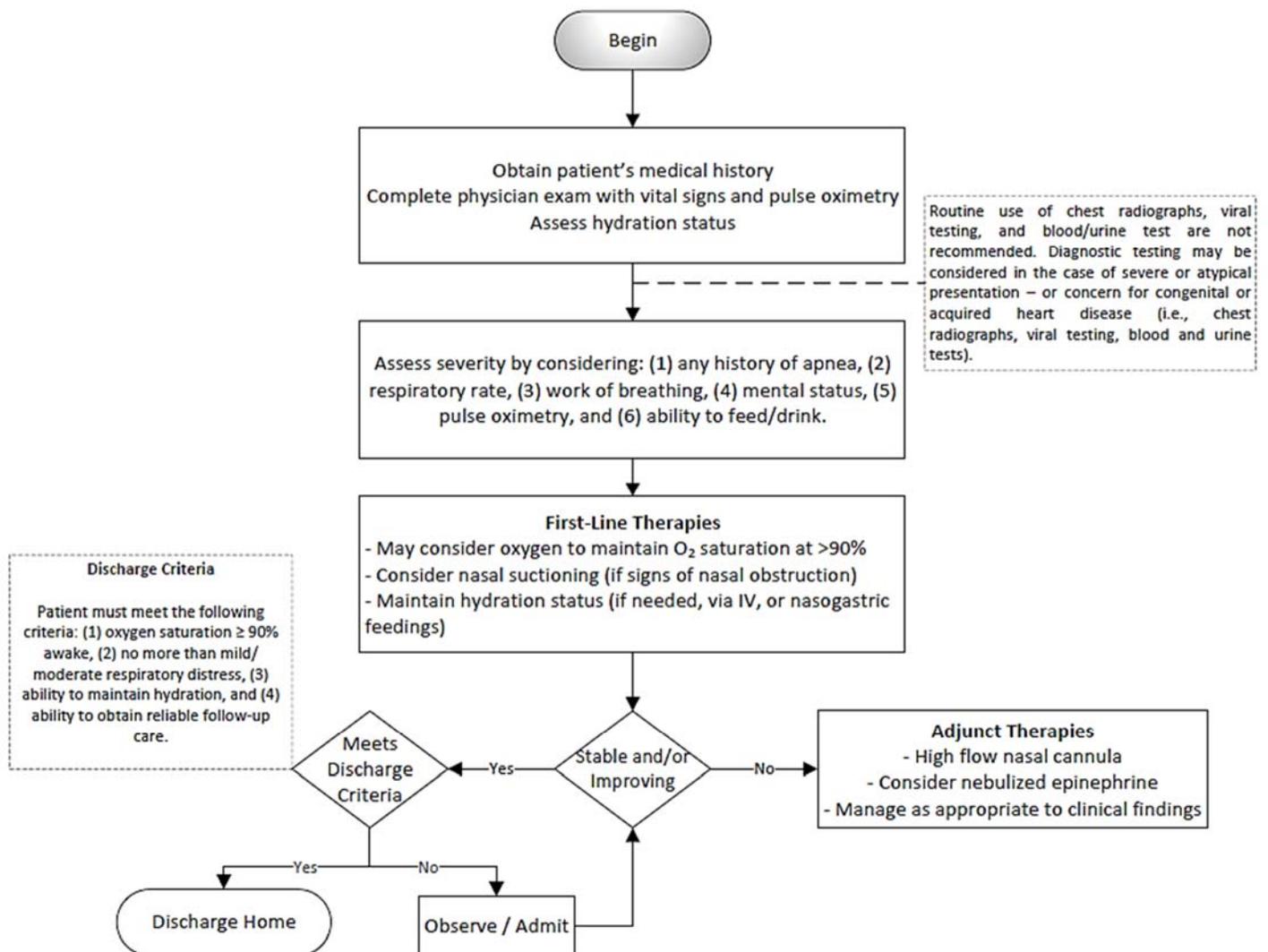
Overview

The American Academy of Pediatrics (AAP) Section on Emergency Medicine (SOEM) bronchiolitis algorithm is designed as an easy-to-follow tool to help clinicians care for infants with bronchiolitis in the acute care setting. This algorithm incorporates AAP recommendations for bronchiolitis with the goal of limiting unnecessary testing and therapies in this self-limited illness, while also mentioning newer therapies that sometimes need to be considered in severe and/or undifferentiated presentation in the emergency department (ED). The algorithm also assists the practitioner with disposition from the ED.

Reference Material – AAP Bronchiolitis Guideline

<http://pediatrics.aappublications.org/content/134/5/e1474>

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| Scope | Does not apply if severe or atypical presentation. |
| Inclusion Criteria | Children, 1-12 months of age, presenting with symptoms and signs suggestive of a clinical diagnosis of bronchiolitis, such as upper respiratory tract infection such as rhinitis and coughing, progressing to lower respiratory symptoms including wheezing, crackles, and/or tachypnea that may result in difficulty breathing and/or difficulty feeding. |
| Exclusion Criteria | Full-term infants that are less than 28 days old or premature infants that are less than 48 weeks post-conception. Patients with hemodynamically significant cardiac or significant pulmonary disease (such as bronchopulmonary dysplasia or asthma) or other major chronic conditions (such as immunodeficiency and neuromuscular disease). |



Disclaimer: This algorithm was developed through the efforts of the American Academy of Pediatrics Section on Emergency Medicine in the interest of advancing pediatric healthcare. It does not represent AAP policy nor is it a professional care standard governing providers’ obligation to patients. Ultimately, the patient’s physician must determine the most appropriate care.