

# RSV+ / Bronchiolitis

Symptoms  
 - Viral URI prodrome for 1-3 days  
 - Peak sx day 3-5 with increased work of breathing, wheezing

RSV test only if will change clinical management (e.g. less work-up for fever source in young infant, longer observation for high-risk infant)

PE  
 Pulse ox, RR, nasal flaring, head bobbing, tracheal tugging, retractions, wheezing

Severe respiratory distress or apneic episode, pulse ox < 90%

Suction thoroughly  
 Supplementary O2  
 Place on monitor, pulse ox  
 Have BVM available  
 Consider albuterol neb trial

To ED for further management, possible admission

Moderate respiratory distress, pulse ox < 95%, increased work of breathing, poor PO intake

Suction thoroughly  
 Consider trial of nebulized albuterol if significant wheezing / FH atopy

not improved or worsening

No respiratory distress

Discharge Criteria  
 Minimal to no ↑ WOB  
 RR < 60 infant, 50 toddler  
 Pulse ox 94-95%<sup>+</sup> or higher  
 Tolerating PO  
 Not high risk for complications\*

<sup>+</sup> AAP guidelines > 90% when awake

\* High risk for complications

- FT infant < 1 month old
- Premie < 48 wks post-conception
- Hx of cardiopulm disease

Home Care

- Expectations: profuse nasal mucus, peak day 3-5 then slowly improve over 1-2 wks
- [Bulb suction](#) +/- nasal saline
- Smaller, more frequent feeds
- Albuterol MDI w/spacer if responded
- Return for: [retractions](#), cyanosis, PO intake < 50% normal, no wet diapers 12 hrs, fever > 5 days