



**Respiratory - Airway:
BRONCHIOLITIS:
Medical Protocol**

Patient Care Goals:

1. To alleviate respiratory distress
2. To promptly identify respiratory distress, failure, and/or arrest, and intervene for patients who require escalation of therapy
3. To deliver appropriate therapy by differentiating other causes of pediatric respiratory distress
4. Score-Suction-Score...

Patient Presentation:

Inclusion Criteria
Child < age 2 with wheezing or diffuse rhonchi usually in setting of respiratory infection; usually first time wheezing illness.

Exclusion Criteria

1. Anaphylaxis
2. Croup
3. Epiglottitis
4. Foreign body aspiration
5. Submersion/drowning

Use of nebulized epinephrine:
Bronchiolitis Severity Score (BSS) \geq 10

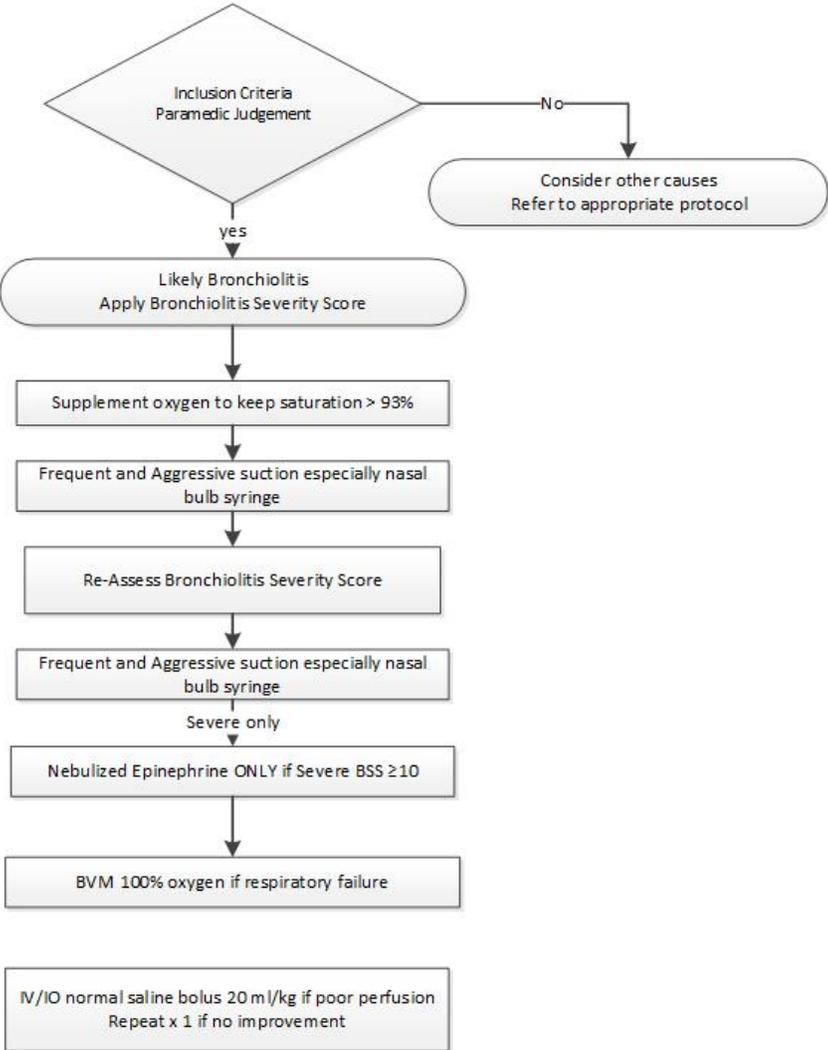
Nebulized Epinephrine:
2.5 ml of epinephrine 1:ONE thousand nebulized over 15 minutes

Quality Improvement:

Key Documentation Elements

1. Respiratory rate
2. Oxygen saturation
3. Use of accessory muscles
4. Breath sounds
5. Air entry
6. Mental status
7. Color
8. Bronchiolitis Severity Score

Patient Safety Considerations
Routine use of lights and sirens is not recommended during transport unless severe or refractory to EMS interventions





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Modified Bronchiolitis Severity Score (≥10 is considered severe)

	Normal (0)	Mild (1)	Moderate (2)	Severe (3)
Respiratory Rate	<40	40-50	50-60	>60
SaO2 % RA	≥97%	96-94%	93-90%	<90%
General Appearance Calm/Console	Calm	+ Irritable Easy to console	++Irritable Difficult to console	+++ Irritable Unable to console
Retractions (SS, IC, SC) Nasal Flaring (NF)	None	Subcostal	Intercostal	Supraclavicular, Suprasternal, or Paradoxical
Auscultation	Clear	Scattered end expiratory wheeze or crackles	Diffuse expiratory wheeze or crackles	Insp/Exp wheeze or crackles; poor air movement; grunting