



KIDS Clinical Guideline: Bronchiolitis

RISK FACTORS FOR SEVERE DISEASE

- age < 12 weeks at presentation,
- prematurity (<32 weeks),
- congenital heart disease,
- chronic lung disease,
- immunodeficiency,
- neuromuscular disorders

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- bacterial pneumonia
- aspiration
- tracheomalacia
- virus-induced wheeze or asthma
- myocarditis
- congenital heart disease
- pertussis (may co-exist in up to 10%)
- inhaled foreign body

Indications for respiratory support:

- Apnoeas
- Respiratory distress
- hypercapnia with acidosis
- altered conscious level
- clinical exhaustion

Investigations:

- NPA for immunofluorescence if out of season
- NPA for PCR if likely to require PICU admission
- CXR if severe or diagnosis uncertain or murmur present
- FBC, U/E's & blood cultures (if features of sepsis), blood gases as clinically indicated for evidence of respiratory failure

Initial treatment:

- ensure patent airway - suction nose & mouth
- aim for SpO₂ ≥ 92% (humidified O₂)
- correct dehydration
- monitor for apnoeas (particularly if < 6/52 age)
- if moderate or severe respiratory distress,
 - stop feeds & site nasogastric tube
 - commence iv fluids (80% maintenance)
 - consider sedation if agitated (chloral hydrate 30-50 mg/kg NG/PR)
- antibiotic only indicated if bacterial infection suspected

Respiratory support:

- Start high-flow nasal cannula O₂ (1-2 L/kg)
- Change to CPAP (6-10 cmH₂O) if ongoing respiratory distress
- call for anaesthetic help
- **call KIDS for advice (0 300 200 1100)**
- if intubation is indicated, do not wait for retrieval service

Management following intubation:

see [KIDS pre transfer checklist](#)