Clinical Pearls

Guidelines on Bronchiolitis
Clinical AAP Guidelines summary: Bronchiolitis

These Guidelines published in 2014 are endorsed by both AAP (American academy of Pediatrics) and American academy of family physicians (AAFP). For details please refer to the publication:

Clinical Practice Guideline: The Diagnosis, Management, and Prevention of Bronchiolitis

Shawn L. Ralston, Allan S. Lieberthal, H. Cody Meissner, Brian K. Alverson, Jill E. Baley, Anne M. Gadomski, David W. Johnson, Michael J. Light, Nizar F. Maraqa, Eneida A. Mendonca, Kieran J. Phelan, Joseph J. Zorc, Danette Stanko-Lopp, Mark A. Brown, Ian Nathanson, Elizabeth Rosenblum, Stephen Sayles III, Sinsi Hernandez-Cancio

Pediatrics (2014;134[5]:e1474–e1502).

Key Recommendations

1. The diagnosis of bronchiolitis and assessment of disease severity should be based on history and physical examination. Laboratory and radiologic studies should not be routinely ordered for diagnosis.
2. Risk factors for severe disease such as age < 12 weeks, premature birth, underlying cardiopulmonary disease, or immunodeficiency should be assessed when making decisions about evaluation and management of children with bronchiolitis.
3. Bronchodilators (albuterol, salbutamol), epinephrine, and corticosteroids should not be administered to infants and children with the diagnosis of bronchiolitis.
4. Nebulized hypertonic saline should not be administered to infants with the diagnosis of bronchiolitis in the emergency department. Nebulized hypertonic saline may be administered to infants and children hospitalized for bronchiolitis.
5. Antibiotics should not be used in children with bronchiolitis unless there is a concomitant bacterial infection.
6. Supplemental oxygen is not necessary in children and infants with a diagnosis of bronchiolitis if SpO2 exceeds 90%.
7. Continuous pulse oximetry is optional for infants and children with bronchiolitis.
8. Chest physiotherapy should not be used in the management of bronchiolitis.
9. Palivizumab prophylaxis should be administered during the first year of life to infants with hemodynamically significant heart disease or chronic lung disease of prematurity (<32 weeks gestation who require >21% O2 for the first 28 days of life).
10. To prevent spread of respiratory syncytial virus (RSV), hands should be decontaminated before and after direct contact with patients, after contact with inanimate objects in vicinity of patient, and after removing gloves. Alcohol rubs are the preferred method for hand decontamination. Clinicians should educate personnel and family on hand sanitation.
11. Infants should not be exposed to tobacco smoke.
12. Exclusive breastfeeding for at least 6 months is recommended to decrease the morbidity of respiratory infections.