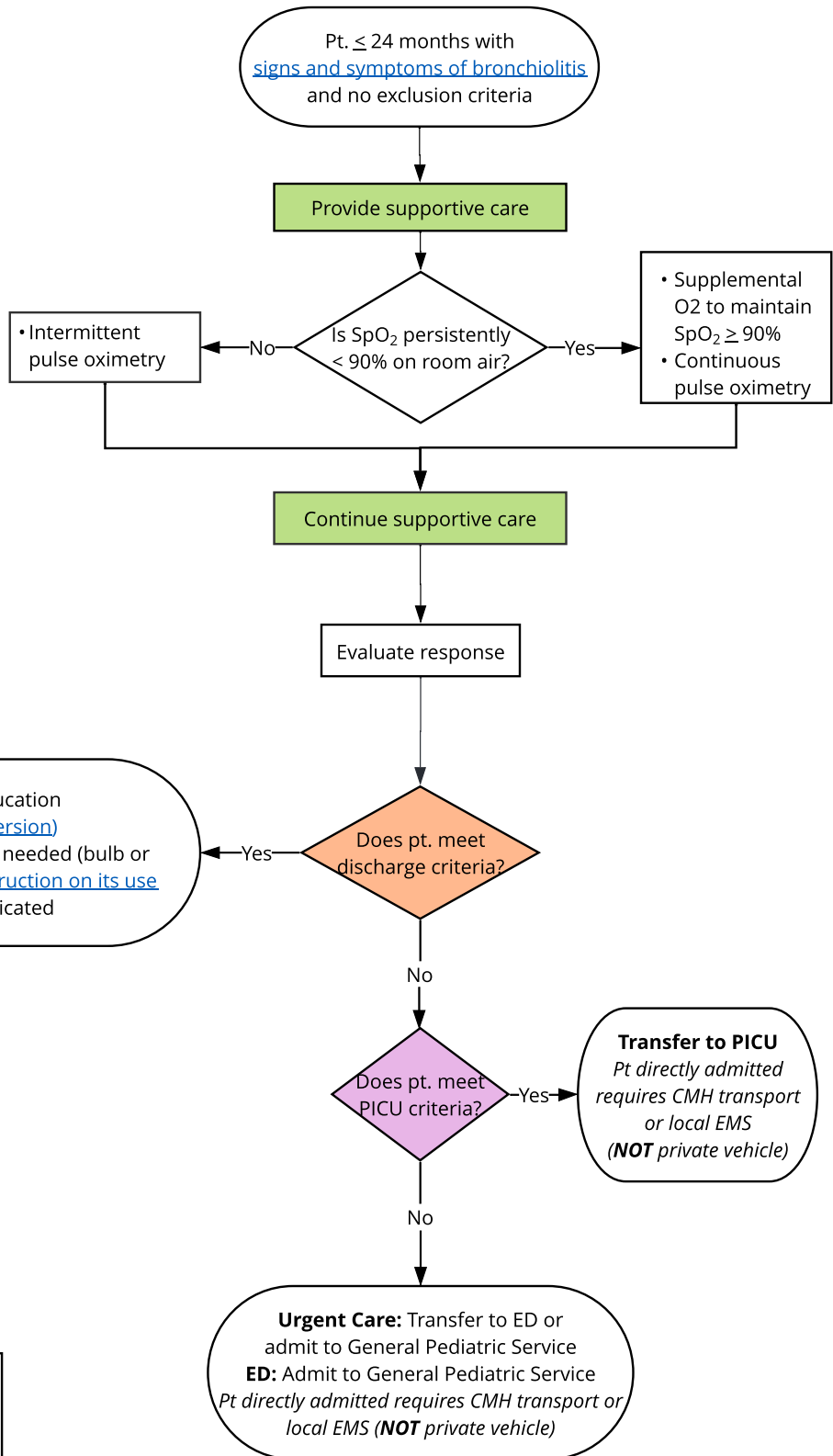


Exclusion criteria:

- For infants < 60 days of age with fever, consider whether sepsis workup is indicated ([Febrile Infant](#))
- Alternative diagnosis, such as:
 - [Sepsis](#)
 - [Asthma](#)
 - [Pneumonia](#)
 - Congestive heart failure
 - Pertussis
 - Chronic lung disease
 - Airway obstruction
 - [Croup](#)
 - [Foreign Body Aspiration](#)



Supportive care:

- Nasal or nasopharyngeal suctioning as needed
- Supplemental O₂
- Offer PO feeds. If not taking adequate PO, consider NG (preferred) or IV hydration ([Bronchiolitis Feeding CAT](#))
- Antipyretics as needed
- For otherwise healthy pt, cardiac monitor is not routinely indicated

If considering HFNC:

- See HFNC site-specific information ([link to CMH HFNC holiday algorithm](#))

Discharge criteria:

- Minimal to no increased work of breathing
- No need for supplemental oxygen
- Tolerating adequate PO intake
- Access to follow-up care if needed

PICU criteria:

- On HFNC requiring > 40% FiO₂ or > 2 L/min/kg or 30 L/min
- Recurrent apnea requiring close monitoring
- Severe respiratory distress
- Hypercarbic respiratory failure/refractory hypoxemia

Abbreviations (laboratory & radiology excluded):

ED = Emergency Department
IV = intravenous
NG = nasogastric tube
PO = by mouth
pt. = patient
HFNC = high flow nasal cannula
PICU = Pediatric Intensive Care Unit
UC = Urgent care

Evidence does NOT support routine use of the following:

- [Albuterol](#)
- [Hypertonic saline](#)
- Systemic or inhaled corticosteroids
- Racemic epinephrine
- Chest radiography
- Laboratory tests
- Antibiotics