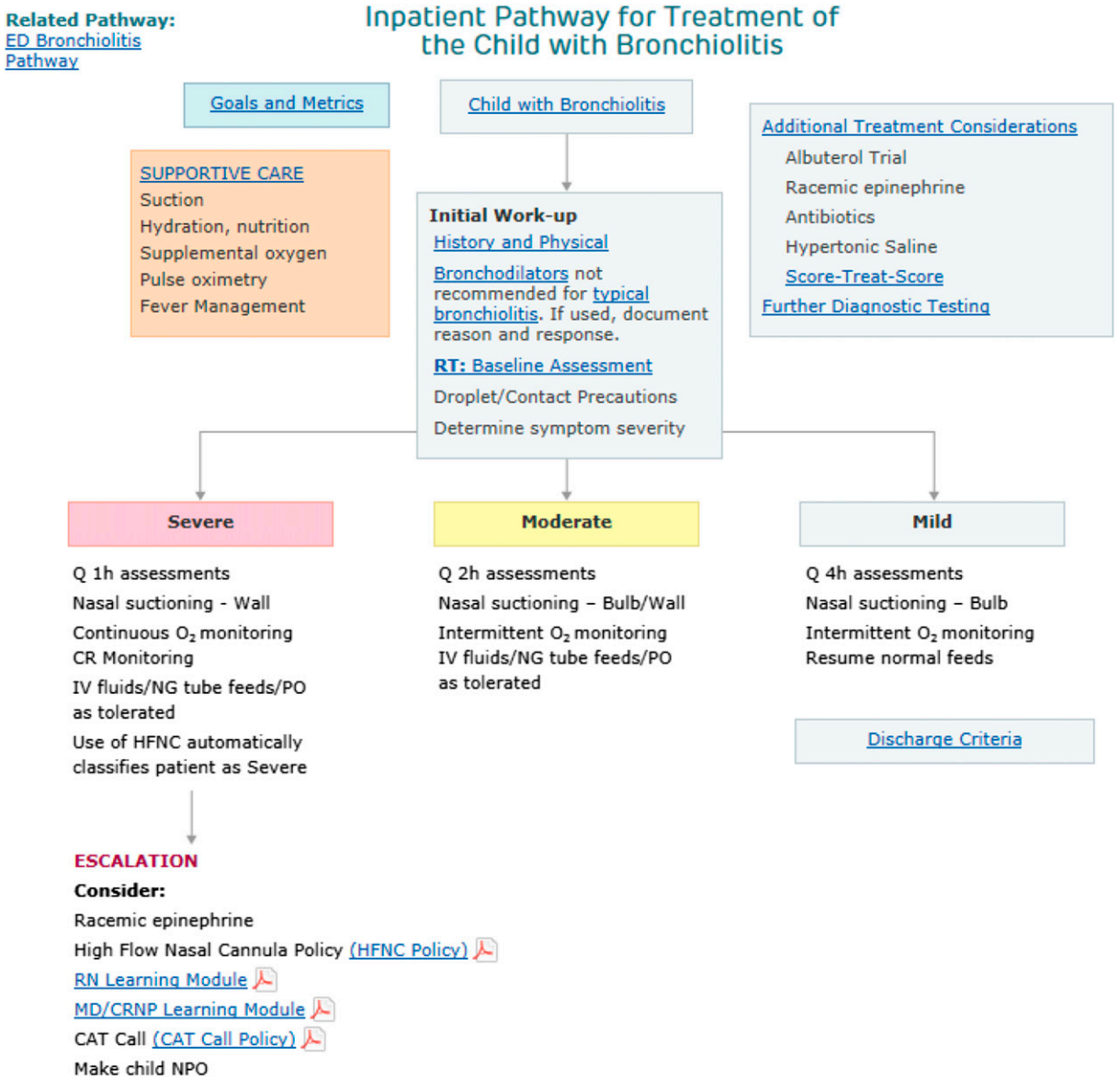
Supplemental Information



Response to Intervention Score

		Mild (0)	Moderate (1)	Severe (2)
RR	< 3 months	30-60	61-80	> 80
	3 - < 12 months	25-50	51-70	> 70
	1y – 2y	20-40	41-60	>60
WOB		None or mild	Intercostal retractions	Nasal flaring, grunting, head bobbing
Mental Status		Baseline	Fussy or anxious	Lethargic or inconsolable

SUPPLEMENTAL FIGURE 2 Inpatient pathway for treatment of the child with bronchiolitis.

Supportive Care

Supportive care is the primary treatment for infants with bronchiolitis.

Suction	Decreases work of breathing by clearing secretions May improve feeding Bulb suction is preferred, especially in infants with low intervention score Wall suctioning is reserved for infants with respiratory distress requiring admission
Hydration **Nutrition**	Consider NG feeds if: Poor po intake Moderate respiratory distress Choking with feeds NPO and IVF if: Severe respiratory distress Concern for worsening of respiratory status
Pulse Oximetry	**Severe Response to Intervention Score**: Continuous pulse oximetry is indicated **Moderate Response to Intervention Score**: Intermittent pulse oximetry (continuous monitoring is not required) **Mild Response to Intervention Score**: Spot check pulse oximetry with regular assessments **Note:** Continuous monitoring has been correlated with longer hospital LOS
Supplemental O_2	Consider if O_2 saturation is consistently: < 90% while awake for > 20 seconds after suction, position < 88% while asleep for > 20 seconds after suction, position Brief desaturations (< 20 secs) less than 90 % in a sleeping infant do not routinely require supplemental oxygen Begin O_2 wean when saturations are > 90 %
Fever Management	Fever can increase WOB. If the child is febrile, consider use of antipyretic

SUPPLEMENTAL FIGURE 2 Contiuned.