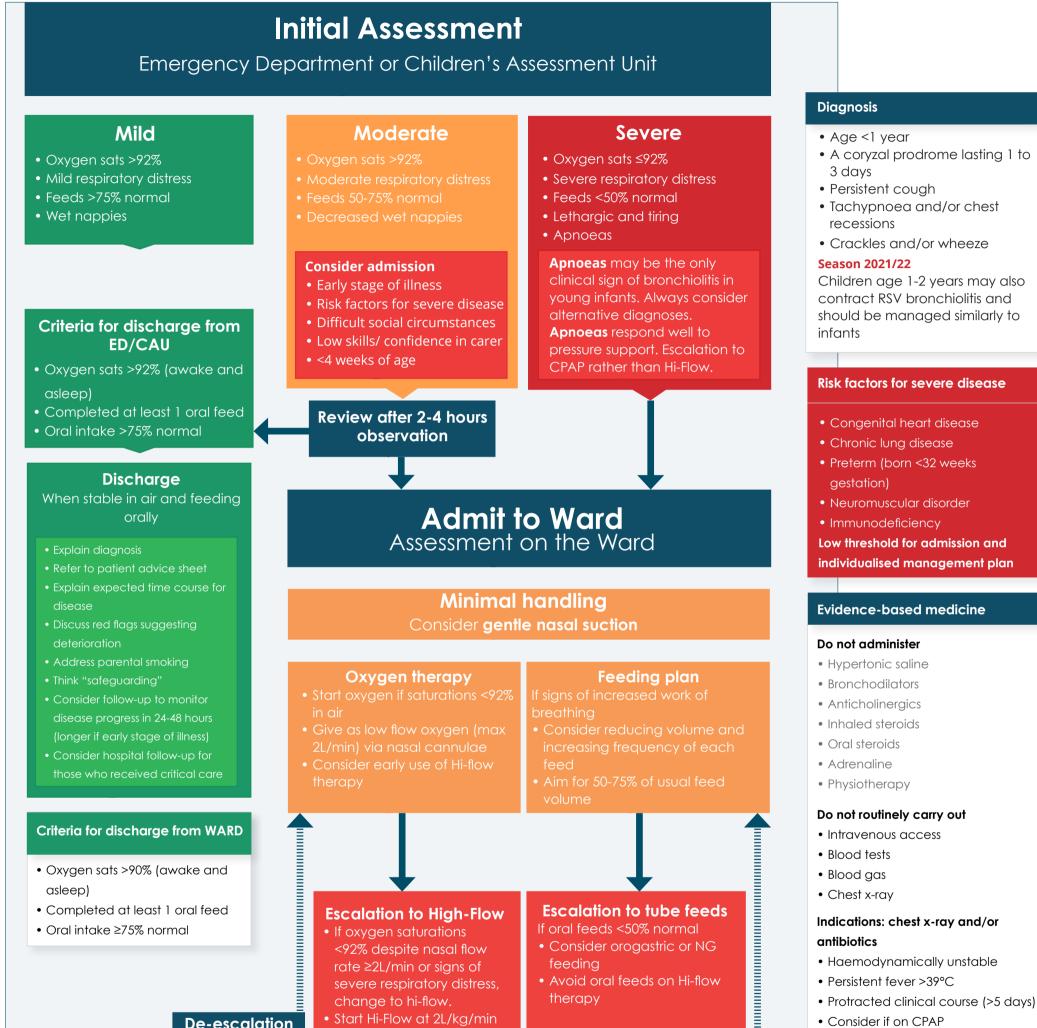


Find out more from the National Paediatric Lead



All Wales Guideline for Hospital Management of Bronchiolitis



- rate ≥2L/min or signs of severe respiratory distress, change to hi-flow.
- Start Hi-Flow at 2L/kg/min
- feeding • Avoid oral feeds on Hi-flow
- therapy
- Haemodynamically unstable
- Persistent fever >39°C
- Protracted clinical course (>5 days)
- Consider if on CPAP

Switch back to low flow oxygen as soon as oxygen saturations >90% in FiO₂ <30%

Inform Consultant



Patient advice leaflet



Escalation to CPAP

• If oxygen concentration >60% on Hi-Flow, or no improvement in work of breathing/ tachycardia despite Hi-Flow, consider trial of nasal CPAP.

> Admit to HDU Inform Consultant and Anaesthetist

Escalation to IV fluids If poor tolerance of OG/NG feeds,

De-escalation

or signs of severe respiratory distress

- Consider intravenous fluids (80% maintenance)
- Monitor U&Es at least once daily

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