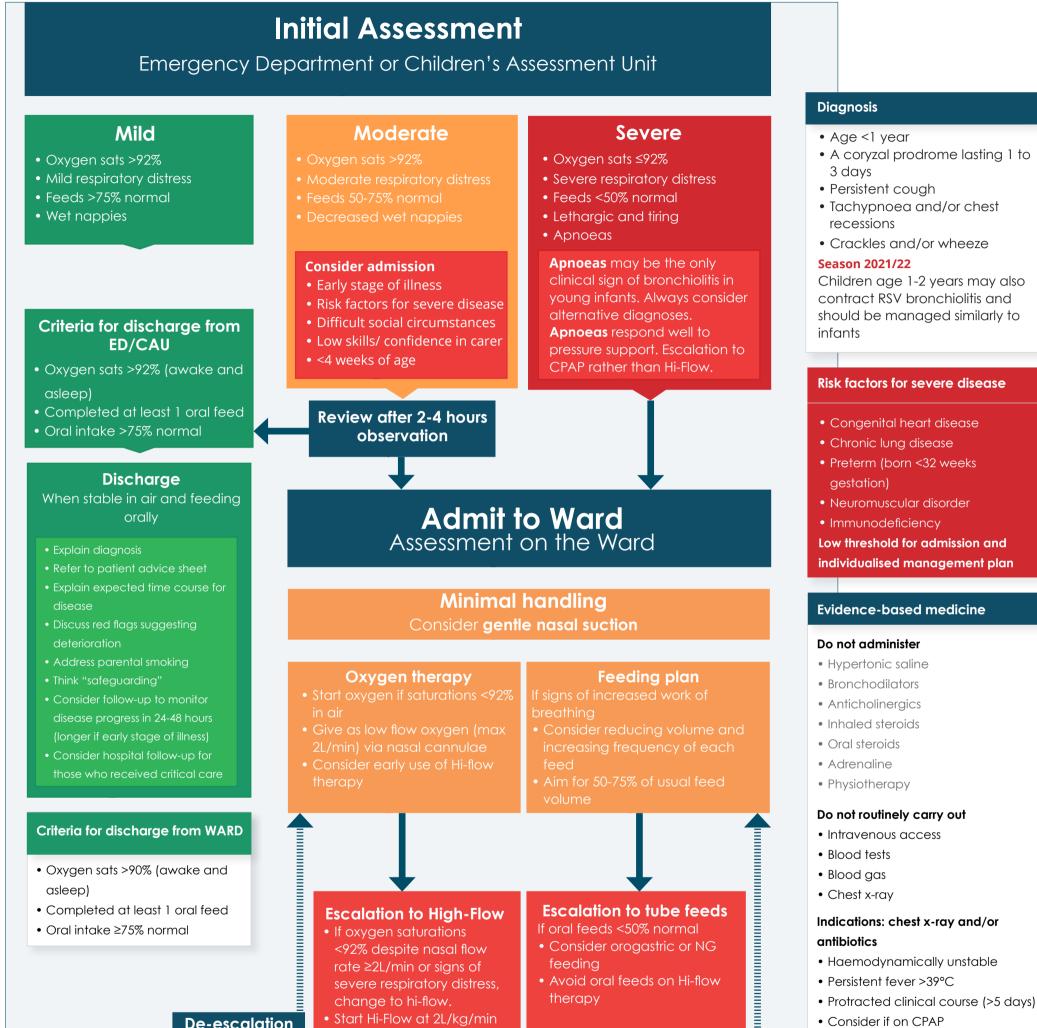


Find out more from the National Paediatric Lead



## 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 FiO<sub>2</sub> <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

Designed by The Institute of Clinical Science & Technology