

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Diagnosis: Bronchiolitis

| <b>Bronchiolitis Score / Condition</b><br><i>To be completed by prescribing practitioner at time of order.</i>   |
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| Respiratory rate for patients <i>less</i> than 1 year of age<br><input type="checkbox"/> 0 = Less than or equal to 40 breaths per minute<br><input type="checkbox"/> 1 = 41 to 54 breaths per minute<br><input type="checkbox"/> 2 = 55 to 65 breaths per minute<br><input type="checkbox"/> 3 = More than 65 breaths per minute |
| Respiratory rate for patients 1 year of age or older<br><input type="checkbox"/> 0 = Less than or equal to 30 breaths per minute<br><input type="checkbox"/> 1 = 31 to 38 breaths per minute<br><input type="checkbox"/> 2 = 39 to 45 breaths per minute<br><input type="checkbox"/> 3 = More than 45 breaths per minute         |
| Wheezing<br><input type="checkbox"/> 0 = None<br><input type="checkbox"/> 1 = Expiratory<br><input type="checkbox"/> 2 = Inspiratory and expiratory<br><input type="checkbox"/> 3 = Diminished breath sounds   |
| Retractions<br><input type="checkbox"/> 0 = None<br><input type="checkbox"/> 1 = 1 location<br><input type="checkbox"/> 2 = 2 locations<br><input type="checkbox"/> 3 = 3 or more locations  |
| <b>Total Score</b><br><input type="checkbox"/> Normal: Score of 0 or 1<br><input type="checkbox"/> Mild: Score of 2 or 3<br><input type="checkbox"/> Moderate: Score of 4, 5, or 6<br><input type="checkbox"/> Severe: Score of 7, 8, or 9<br><br><b>Consider ED evaluation if patient's score is 5 or greater.</b>              |

#### PROVIDER

##### Swab Samples:

- *Routine viral testing is not recommended, as it does not change the course of treatment for bronchiolitis and it is very expensive.*
- *Viral testing will NOT be available in the ROC clinic.*

#### PARENTS / CAREGIVER

##### Reasons to bring your child to the ROC (respiratory outpatient clinic):

- *Difficulty breathing*
  - *He is breathing faster*
  - *The areas between his ribs, or above or below his rib cage are sucking in*
- *Poor feeding because he is working too hard to breathe*

Call In Advance: Please contact the ROC prior to coming so the therapist can provide you with directions, registration information and estimated wait time.

Evaluation: Respiratory Therapist to perform evaluation and interventions as defined below.

Vitals: Routine pre and post suction heart rate, respiratory rate, and bronchiolitis score.

SpO<sub>2</sub> Monitor: Spot SpO<sub>2</sub> checks with vitals.

Oxygen: Oxygen as needed to maintain O<sub>2</sub> saturation greater than 88%.

Suction: Bulb, BBG or Nasopharyngeal suction PRN.

Education: Provide education to parents as indicated:

- The pathophysiology of bronchiolitis, symptoms of respiratory distress, suction modalities, hydration, and environmental smoke exposure

Call Physician for Hospital Admission (per hospital defined process).

Primary Care Clinic Name and Phone Number \_\_\_\_\_

Physician / LIP Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

This order set is based on the American Academy of Pediatrics (2014). Clinical Practice Guideline: The Diagnosis, Management and Prevention of Bronchiolitis. *Pediatrics* 2014;134:e1474–e1502.

These orders expire 7 days after they are written.

## BRONCHIOLITIS RESPIRATORY OUTPATIENT CLINIC ORDERS

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