

HFNC Initiation for Acute Care Bronchiolitis Patients at N.C. Children's Hospital

- This is for the management of bronchiolitis patients admitted requiring HFNC. Management of your patient may require more individualized care.
- Children likely not appropriate for this pathway include those with apnea, <32 week gestation, cardiac disease on home meds, pulmonary disease on home oxygen, or significant neuromuscular disease. Confirm with primary team.
- Patients requiring HFNC for other disease processes are out of scope - reference acute care guidelines.

1 Breathing Severity Assessment (BSA)

Highest rating in any category dictates patient's BSA

Category	Mild	Moderate	Severe	
Respiratory Rate	< 3 mo	30-60	61-80	>80 or apnea
	3-12 mo	25-50	51-70	>70 or apnea
	1-2 yr	20-40	41-60	>60 or apnea
Work of Breathing	Normal	Retractions	Nasal flaring, grunting, head bobbing, retracting throughout	
Mental Status	Baseline	Fussy	Lethargic or inconsolable	

- If BSA Severe call PRRT.
 - Though not part of BSA scoring, also consider patient's O2 sat.
 - BSA to be done before any intervention and again approximately 15-30 minutes after.

