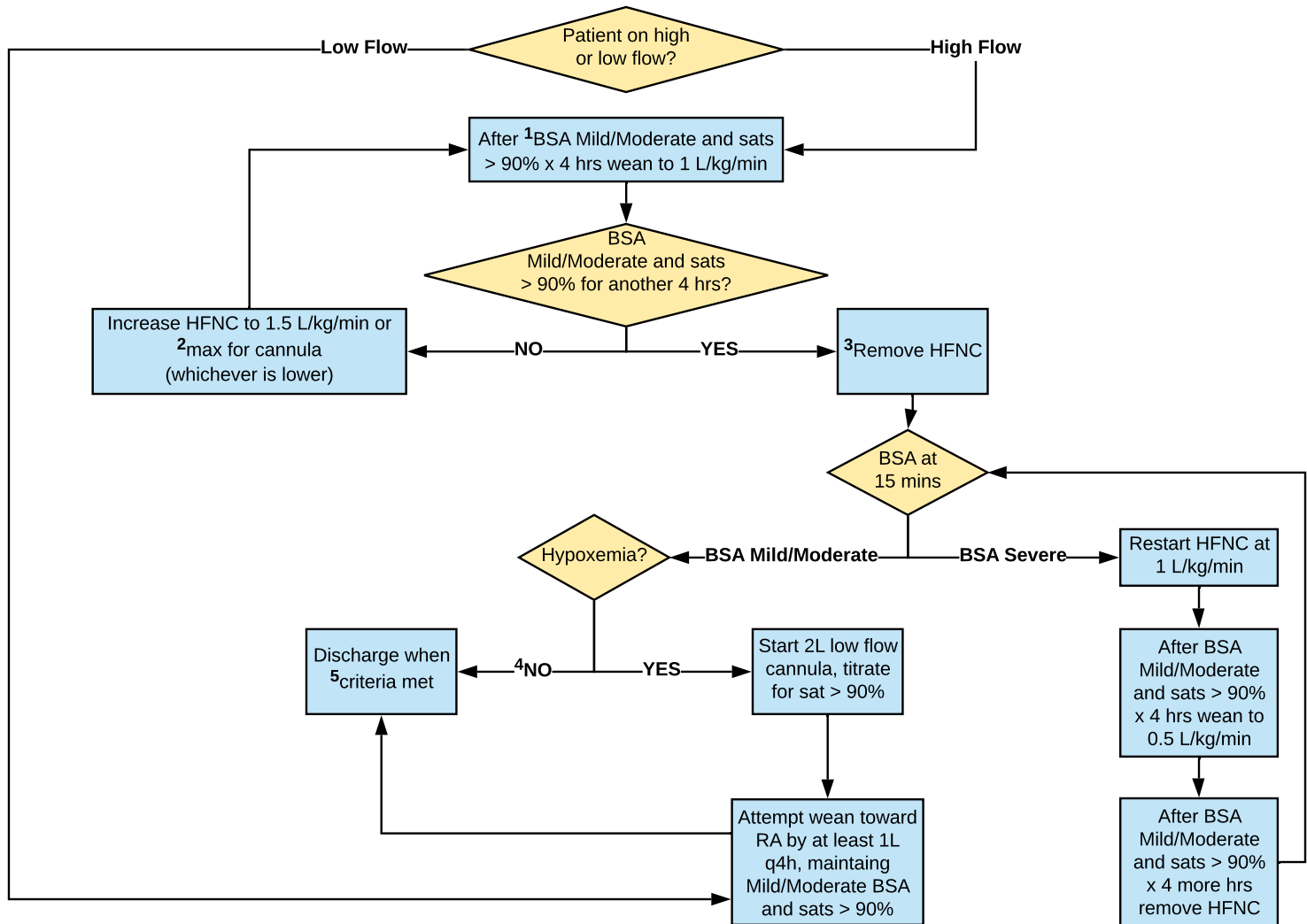


Weaning Supplemental O2 for Bronchiolitis Patients at N.C. Children's Hospital (INPATIENT)

- Management of your patient may require a more individualized approach.
- 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.
- **Resident** to use ".WEANFLOW" in comment section of supplemental O2 order to specify if patient is to be weaned per pathway.
- **RT** to wean (flow + FiO2) and document ".BSASMART" while patient on high flow.
- **Nursing** can wean FiO2 while patient on high flow (*but must communicate to RT*). Once patient on low flow, nursing to wean and document ".BSASMART".



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 at anytime call primary team to bedside. If acutely concerned call PRRT.
- Though not part of BSA scoring, also consider O2 sat.
- BSA to be done before any intervention and again approximately 15 minutes after.

2

Age	Cannula Size	Cannula Max Flow	Initial FiO2
< 3 mo	Sml/Med	8/10 LPM	<40%
3-12 mo	Med/Lrg	10/23 LPM	
>12 mo	Lrg/XL	23 LPM	

- Only increase FiO2 over 40% for hypoxemia (sat <90%) that does not respond to suctioning or repositioning.
- If FiO2 > 40%, wean by 10-20% q2h so long as sats remain > 90%. Do not wean FiO2 at the same moment you wean flow.

- 3
- FiO2 should be < 50% before removing HFNC.
 - No need to call PRRT to reinitiate HFNC.

- 4
- Once off supplemental O2:**
- Dc continuous pulse ox once off supplemental O2 and SpO2 > 90% x 4 hrs.

- 5
- Discharge Criteria:**
- [] SpO2 > 90% (spot check ok) during a feed and nap/sleep while off O2.
 - [] Adequate PO on room air to maintain hydration.
 - [] If apnea occurred, no apnea for > 48 hrs.
 - [] Caregiver demonstrates proper use of nasal suction device and understands supportive care.
 - [] Follow up care able to be arranged by family if needed.