NHS
Birmingham Women's and Children's
NHS Foundation Trust

Bronchiolitis
Time to Get Better
Care bundle

Handling

Babies with bronchiolitis can become more unwell if they are handled too much.

The principle is: **Minimal handling by healthcare staff**

- Cuddles from parents are good, where possible, and where they don't make the baby more unwell
- Tests should be avoided where possible. There is normally no need for a blood gas, other blood tests, or a chest Xray.
- Medicines should be avoided where possible. There is normally no need for bronchodilators, nebulised saline, antibiotics, steroids or nose drops.
- Suction should only be used if there is apnoea

Feeding

Being hungry is distressing and can make children more unwell. In most instances, feeding improves recovery.

The principle is: **Introduction and escalation of feeds as tolerated.** Where possible:

- Involve parents in the feeding plan, and use breast feeding
- Use feeds instead of sedation if babies are upset
- Remove nasogastric tubes as soon as they are not being used. They can always be passed again.
- Only reduce or stop feeding if the feeds worsen the breathing
- Only restrict fluids if the sodium is low

Working hard

Babies work harder when they have a respiratory illness. This can appear distressing but is usually not harmful.

The principle is: **Be kind, but recognise that working harder is normal.**

- Ordinarily, only start extra support like HHFNC for babies who are struggling to maintain their saturations, as below
- Working harder is OK, even quite a bit harder, as long as it is not too distressing
- Regular observation is important, as per observation policy, and you should respond promptly to deterioration

Going home

Prolonged hospital stays are rarely needed.

The principle is: **Babies are better off at home**

- Families should have a good idea of when we think their child will go home
- Most children can go home when they've had:
  - 6 hours in air, including a sleep, and maintained their saturations
  - Two consecutive good feeds

Oxygen and respiratory support

Some babies need extra oxygen and support, but we can give too much for too long.

The principle is: **Reduction of supplemental oxygen as tolerated**

- Use the smallest amount of oxygen possible to maintain acceptable saturations, as below
- Wean HHFNC oxygen flow rates between 2 l/kg/min to 1 l/kg/min and then off. Don't make smaller adjustments.
- Target sats of 90% are reasonable for management and discharge of most children.
- However, it is reasonable to be more cautious for children:
  - Under six weeks corrected gestational age,
  - With a question about the diagnosis
  - With underlying medical conditions

Concerns?

Parents: Please, talk with the nurses, the nurse in charge, the doctors. We're happy to listen.

Healthcare professionals: Escalate and discuss whenever you want or need to. Ask early, and ask often.

Remember: Guidelines are not rules. They should be interpreted in a patient-focused way.

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