



CHAMPLAIN LHIN VERSION

**PHYSICIAN ORDERS  
FOR  
BRONCHIOLITIS IN THE EMERGENCY  
DEPARTMENT**

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Patient Identification

Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm Allergies: \_\_\_\_\_

***Initial on all lines applicable***

- Start *Bronchiolitis Critical Pathway in the Emergency Department*
- Pediatric droplet precautions
- Suction to relieve congestion PRN

**TESTS:**

- \_\_\_\_\_ Auger suction for virology
- \_\_\_\_\_ Chest x-ray (for atypical and/or severe cases)
- \_\_\_\_\_ Bag urine specimen for \_\_\_\_\_ POCT Urinalysis \_\_\_\_\_ Microscopy (if abnormal)
- \_\_\_\_\_ Catheter urine specimen for POCT urinalysis, microscopy and culture & sensitivity

**MEDICATIONS**

- \_\_\_\_\_ **Epinephrine** 1:1000 (1 mg/mL) (use topical or injectable formulation): \_\_\_\_\_ mL by inhalation Q 30 min x 2 doses, then repeat vitals and ask MD to reassess for repeat epinephrine (Less than 10 kg dose = 3 mg (3mL); Greater than or equal to 10 kg dose = 5 mg (5 mL))
- Notify physician if inhalation therapy not effective within 30 minutes
- OR** \_\_\_\_\_ **Racemic epinephrine** 2.25%: 0.5 mL in 3 mL of Normal Saline by inhalation Q 30 min x 2 doses, then repeat vitals and ask MD to assess for repeat racemic epinephrine
- Notify physician if inhalation therapy not effective within 30 minutes
- \_\_\_\_\_ **Sodium Chloride 3%** 3 mL by inhalation **WITH** Epinephrine 3 mL **OR WITH** Racemic Epinephrine 0.5 mL x 1 dose. Do not administer within 30 min of other epinephrine/racemic epinephrine doses

**HYDRATION:**

- \_\_\_\_\_ IV bolus \_\_\_\_\_ mL of 0.9% NaCl over \_\_\_\_\_ minutes
- \_\_\_\_\_ IV \_\_\_\_\_ at \_\_\_\_\_ mL/hr
- \_\_\_\_\_ Oral \_\_\_\_\_

**CONSIDER TRANSFER FOR:**

- Severe respiratory distress
- Greater than 2 epinephrine/racemic epinephrine doses with no improvement
- History of abnormal airway (eg ex-prem, laryngomalacia, subglottic stenosis)
- Less than or equal to 7 weeks of age
- Presenting HR greater than 180 (at triage or when first assessed by MD)
- Presenting RR greater than 80 (at triage or when first assessed by MD)
- Presenting O2 saturation less than 88% (at triage or when first assessed by MD)
- Call CritiCall (1-800-668-4357) if considering ICU admission

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
PRINT NAME OF PHYSICIAN

\_\_\_\_\_  
DATE & TIME

\_\_\_\_\_  
NURSE SIGNATURE

\_\_\_\_\_  
PRINT NAME OF NURSE

\_\_\_\_\_  
DATE & TIME