CHEO

CHAMPLAIN LHIN VERSION

BRONCHIOLITIS CRITICAL PATHWAY

Emergency Department (ED)

Critical pathways are not a substitute for sound professional judgement

Documentation Codes: ✓ =Completed / Within normal limits; ★ = Significant findings documented; N/A = Not Applicable

DATE: **START TIME:** **INITIALS:**

	Aspect of care		Time	Code	Initials
1	**Assessment** (document below)	Temp, RR & HR q 2-4 hours and prn			
		O_2 saturation prn			
		Chest assessment pre and post treatment and prn			
2	**Tests**	Auger suction for virology if admitted			
3	**Treatment / Medications** (*Medical Directive)	Oxygen to keep O_2 saturation > 92%			
		Suction prn (saline gtts)			
		Initiate:*Bronchodilators for non-asthmatic patients with wheezing in the ED (Directive #2030)			
		Initiate:*Administration of antipyretics by nurses for patients in the ED (Directive # 2015)			
		Other medications as ordered			
4	**Activity**	AAT			
5	**Hydration**	DAT - oral intake as tolerated			
		Intake & output - document on back of form			
6	**Education**	Bronchiolitis pamphlet reviewed (P5040)			
		Fever pamphlet (P5325)			
		Appropriate device pamphlets			
7	**Consults**	As ordered			
8	**Discharge Planning**	**Expected outcomes**			
		-Decrease resp. distress, none-mild			
		-O_2 saturation > 95 % in room air			
		-Well hydrated and tolerating po fluid			
		-Good understanding of education			

Pt Identification

INCLUSION	EXCLUSION
* Alert and oriented	Known Asthmatic / use of bronchodilator
* 0 - 1 year of age	Chronic conditions (ex:cardiac/neurologic)
* Wheezing with symptoms of viral respiratory infection	Diagnosis of pneumonia
	Hypersensitive to epinephrine/sulphite
	Hypertensive patients
* Must have all	HR > 200 (need to be seen by MD)
	CTAS Code 1

Patient Weight: _____kg.

Time	Medication	Dose	Route	Initials

Pre and Post Assessment

Time															
Pre / Post (indicate in box)															
Temp															
RR															
HR															
BP															
O_2*															
Flow rate															
O_2 saturation															
Left: Air Entry															
Exp. wheeze															
Insp. wheeze															
Right: Air Entry															
Exp. wheeze															
Insp. wheeze															
Retractions															
Color															
Medication(s)*															
PT respond to tx? (Y / N)															
Initials															

Hrs of Care	Initials	Signature

RESPIRATORY DISTRESS RATING SCALE

Rating	0	1	2	3
Air Entry	Good	Fair	Poor	
Wheezes	None	Mild	Mod.	Severe
Retractions	None	Mild	Mod.	Marked
Color	Pink	Pale	Dusky	

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 *KEY: Medications: E=Epinephrine; V= Ventolin/Salbutamol; A= Atrovent/Ipratropium Bromide; O 2: Nasal Prong(N); Mask(M)

Date	Time	Aspect of Care	Clinical documentation / Comments

INTAKE									OUTPUT			
Time	Solution	Additives	Rate	Site √	VTBI	Total VI	Disc'd	PO Intake	Urine	Emesis/NG	Stools	Initials