

Table

Table 1. The basic diagnostic and therapeutic management of bronchiolitis in accordance with the national recommendations [1].

<i>Diagnostic criteria</i>
<ol style="list-style-type: none"> 1. Onset with rhinorrhea and/or upper respiratory tract infections 2. First episode of respiratory distress associated with: crackles and/or wheezing, use of accessory muscles or lower chest wall retractions, low O₂ saturation levels, high respiratory rate relative to age, skin color changes, nasal flaring, fever 3. Exposure to persons presenting with upper respiratory tract viral infections 4. Presentation during epidemic season
<i>Indications for hospital admission</i>
<ol style="list-style-type: none"> 1. O₂ saturation persistently lower than 90-92%, entity of respiratory distress, presence of apnea 2. Dehydration 3. Moderate–severe bronchiolitis <p>Other important factors to take into consideration are:</p> <ol style="list-style-type: none"> 1. Prematurity, gestational age < 37 weeks or birth age < 6–12 weeks 2. Responsivity and alertness 3. Social and environmental factors 4. Presence of pre-existing risk factors, comorbidities
<i>Diagnostic management</i>
<ol style="list-style-type: none"> 1. Diagnosis of disease is clinical 2. Neither laboratory radiological exams are usually indicated for the routine workup of infants suffering from bronchiolitis
<i>Treatment</i>
<ol style="list-style-type: none"> 1. Oxygen therapy, if O₂Sat < 90-92% 2. Nebulized 3% hypertonic saline: safe and effective but further study are required 3. Inhaled Beta 2-agonists: Not effective but the possibility of a therapeutic trial of salbutamol is suggested 4. Nebulized adrenaline: further studies are required 5. Systemic and nebulized steroids: not effective 6. Antibiotics: if bacterial coinfection 7. Respiratory physical therapy during acute phase of disease: not effective 8. Environment humidification: Insufficient evidence
<i>Discharge criteria</i>
<ol style="list-style-type: none"> 1. Patient does not need of respiratory support 2. O₂ saturation levels > 92-94% at ambient air 3. Stabilization of clinical presentation 4. Adequate oral intake of fluids and feeds (>75%) 5. Adequate social-economic circumstances 6. If necessary, possibility of obtaining pediatric health care assistance locally