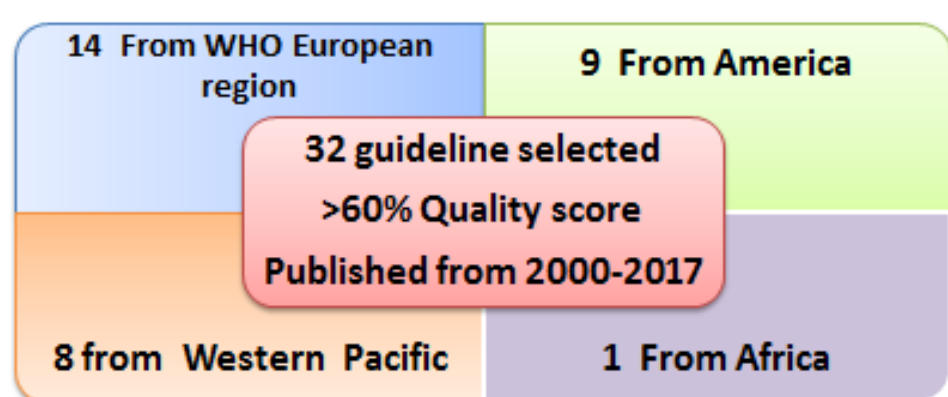


Background: Significant variation exists in the management of bronchiolitis between clinicians and hospitals, with therapeutic interventions poorly supported by evidence often performed.

Objective: Systematically identify current clinical practice guidelines for the diagnosis and management of bronchiolitis in children.



AGREE

AGREE II tool was used for Quality scoring of Guidelines

ACADEMIC P.E.A.R.L.S

Pediatric Evidence And Research Learning Snippet



What helps & What doesn't in Bronchiolitis A Systematic Review

A Systematic Review of Clinical Practice Guidelines for the Diagnosis and Management of Bronchiolitis. The Journal of Infectious Diseases 2019:222 (Suppl 7)

Results :

Diagnostic test – No guidelines recommend any routine diagnostic tests

Hospital Admission Criteria	No of Guidelines recommending	General Supportive Management	No of Guidelines recommending
Moderate-to severe respiratory distress	25	Oxygen (Cutoff SpO ₂ < 92%)	29
Threshold for oxygen saturation ≤ 92%	10	CPAP	14
Poor feeding (<50% of usual intake) or dehydration	25	Airway clearance	16
Cyanosis and Apnea	21 and 24	Hydration and Nutrition	25
High risk infants	23	Nosocomial infection Prevention	17

Pharmacological Therapy	Recommending Routine Use	Recommending Against Routine Use, No.	Equivocal Evidence Or Recommend Considering a Trial of Use, No.
Bronchodilator	3	22	14
Nebulized Epinephrine	3	19	7
Hypertonic saline	8	7	7
Corticosteroid	0	29	5
Antivirals	0	20	4
Montelukast	0	10	0
Antibiotics	0	26	0

Key Message: Management of bronchiolitis is predominantly supportive, with no specific effective therapies available.

EXPERT COMMENT

Avoid unnecessary diagnostic investigations.

Recommendations are against the routine use of neb adrenaline, corticosteroids, montelukast & antibiotics.

The use of hypertonic saline has been contentious. Most recent evidence is against routine use of bronchodilator & hypertonic saline.

The most commonly specified oxygen saturation threshold ranged from 90% to <92% for guiding hospital admission and for commencing oxygen therapy.

This review doesn't investigate use of HFNC.

Dr. MIHIR SARKAR Associate Professor
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DR G.V. BASAVARAJ

Hon. Secretary Gen. 2020-21

Reference

Amir Kirolos, Sara Manti, Rachel Blacow, Gabriel Tse, Thomas Wilson, RESCEU Investigators, A Systematic Review of Clinical Practice Guidelines for the Diagnosis and Management of Bronchiolitis, The Journal of Infectious Diseases, Volume 222, Issue Supplement_7, 1 November 2020, Pages S672–S679, <https://doi.org/10.1093/infdis/jiz240>