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## Q12 Bronchiolitis

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Which *one* of the following statements about diagnosis and treatment of bronchiolitis in infants is *true*?

- 1. Chest x-rays are indicated for diagnosis.
- 2. Salbutamol is beneficial.
- 3. Routine measurement of oxygen saturation is not recommended in well appearing infants.
- 4. Inhaled corticosteroids are beneficial.

**Educational Point:** Bronchiolitis is a clinical diagnosis. It typically presents in infants between 0 and 24 months of age with a history of upper respiratory illness prodrome, and it may result in bilateral wheezing or crepitations, increased work of breathing (grunting, nasal flaring, retractions), or increased respiratory rate. No investigations are needed for diagnosis—including chest radiograph or laboratory testing, as highlighted by the Canadian Paediatric Society—regardless of whether the infant is seen at the start, middle, or end of disease, even if the infant has ongoing cough after a few weeks.

Differential diagnoses to consider include asthma (which cannot reliably be diagnosed in children younger than 12 months but can be considered in those with a history of atopy or recurrent wheeze), pneumonia (unilateral findings, fever >39°C), croup (stridor or barking cough), foreign body aspiration (unilateral sign, no prodrome), or laryngomalacia (stridor with positional changes).

Infants at high risk of severe disease are those who were born at less than 35 weeks' gestation, are younger than 3 months at presentation, have hemodynamically substantial cardiopulmonary disease, or have immunodeficiency.

**Things to do.** Supportive management includes the following actions:

- Ensure adequate fluid intake: Encourage families to feed the infant small amounts frequently.
- Suction: Suctioning nasal passages with any commercial device may be beneficial, especially prior to feeding.
- Manage fever: Translating Emergency Knowledge for Kids recommends treating fevers with antipyretics.
- Empower families: Provide families with resources for home management and clear instructions regarding when to seek further care.
- Refer to and use the Choosing Wisely Canada bronchiolitis tool kit.  
<https://choosingwiselycanada.org/primary-care/bronchiolitis/>
- Follow up: Arrange close follow-up as needed.

**Things not to do.**

- Do not measure oxygen saturation if the patient appears well and has mild disease.
- **Do not order chest x-ray scans.**
- Do not order routine bloodwork unless clinically indicated (eg, dehydration, febrile young infant).
- **Do not prescribe salbutamol, corticosteroids (inhaled or oral), or epinephrine.**
- Do not order comprehensive respiratory viral testing.
- Do not prescribe antibiotics.