



ED Respiratory Support Pathway

Bronchiolitic patient in severe respiratory distress (deep retractions in multiple areas, grunting, head bobbing, significant tachypnea). If severe go straight to RAM/NIV.

Obtain respiratory score to objectively track progress

VAPOTHERM/HIGH FLOW NASAL CANNULA

- Initiate Vapotherm at 1L/kg
- Titrate FiO₂ to maintain SpO₂ >92% while awake and >90% while asleep
 - Establish IV access and give bolus or MIVF
 - Antipyretics for fever
 - NPO
- Vitals: Every 15 minutes until stable on a setting for 1 hour and then every 30 minutes
- Nursing assessment: Every 30 minutes until stable on a setting for 1 hour and then every hour
- Titrate Vapotherm to 1.5L/kg and then 2L/kg over 20-30 minutes if no change in exam and/or score. If not improved, escalate to RAM.
- Once stabilized on a flow-rate observe in the ED for 30-60 minutes prior to calling for admission

RAM CANNULA/NON-INVASIVE VENTILATION

- Initiate at 14/7 (PIP/PEEP). Set the RR between 24-30.
- Titrate up as needed for response. Typical settings are 2xPEEP for the Pressure Control (PC) (ie 14/7, 16/8, 18/9).
 - Establish IV access and give NS bolus.
 - Obtain respiratory film array and CXR.
- Vitals: Every 15 minutes until stable on a setting for 1 hour and then every 30 minutes
 - Antipyretics for fever
 - NPO
- Nursing assessment: Every 30 minutes until stable on a setting for 1 hour and then every hour
- If patient is clinically deteriorating or having frequent apneic events, proceed to intubation and mechanical ventilation.