

AAP updates guidelines for bronchiolitis in infants

27 October 2014



Image courtesy of Blausen Medical

administered to infants with hemodynamically significant heart disease or [chronic lung disease](#) of prematurity during the first year of life.

"The goal of this guideline is to provide an evidence-based approach to the diagnosis, management, and prevention of bronchiolitis in children from 1 month through 23 months of age," the authors write.

More information: [Abstract](#)
[Full Text](#)

(HealthDay)—A new clinical practice guideline that offers physicians guidance for the diagnosis and management of infants with bronchiolitis was published online Oct. 27 in *Pediatrics*.

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Shawn L. Ralston, M.D., from the American Academy of Pediatrics Subcommittee on Bronchiolitis, and colleagues evaluated published evidence to revise the 2006 [clinical practice guideline](#) relating to diagnosis and management of [bronchiolitis](#).

The researchers note that bronchiolitis should be diagnosed based on history and physical examination; risk factors for severe disease should be assessed when physicians are making decisions about evaluation and management of children with bronchiolitis. Radiographic and laboratory studies should not be obtained routinely. For [infants](#) and children with a diagnosis of bronchiolitis, albuterol (or salbutamol) and epinephrine should not be administered; nebulized hypertonic saline should not be administered to infants in the emergency department but may be administered to infants and children who are hospitalized. Systemic corticosteroids should not be administered to infants in any setting. For prevention of bronchiolitis, palivizumab should not be administered to otherwise healthy infants with a gestational age of 29 weeks or older and should be

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