

March 26-27, 2018
Edinburgh, Scotland

J Pediatr Care, Volume 4
DOI: 10.21767/2471-805X-C1-006

BRONCHIOLITIS GUIDELINE CHANGES AND EFFECTS IN A PEDIATRIC EMERGENCY DEPARTMENT

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In 2014 the American Academy of Pediatrics revised prior 2006 guidelines on bronchiolitis treatment. This study aimed to compare outcomes in the emergency department (ED) in a major academic medical center pediatric emergency department after implementing new recommendations, specifically length of emergency department stay and time to decision to admit. Secondly the use of treatment and diagnostics were compared pre and post implementation of guidelines. A retrospective review of infants under 12 months of age that presented to our pediatric tertiary center's academic ED from 2012-2016 bronchiolitis seasons was performed. Winter of 2015 is when the ED and pediatric department made a combined effort to strictly follow the 2014 AAP guidelines. Those with a diagnosis of bronchiolitis

were included. Previous reactive airway disease and wheezing patients were not excluded for this study. Data collected included time of placement in a room in the ED to time of discharge or time to pediatrics consult (for admission). Other data collected for each patient included who received a chest x-ray (CXR), nebulizer treatment, RSV PCR, or any form of steroid. There was no significant difference in the ED length of stay, nor in the time-to-decide for admission of patients after the 2014 AAP bronchiolitis guidelines were applied. There was a significant reduction in the overall number of treatment and diagnostic modalities used post-implementation suggesting a potential cost-effective strategy of care.

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