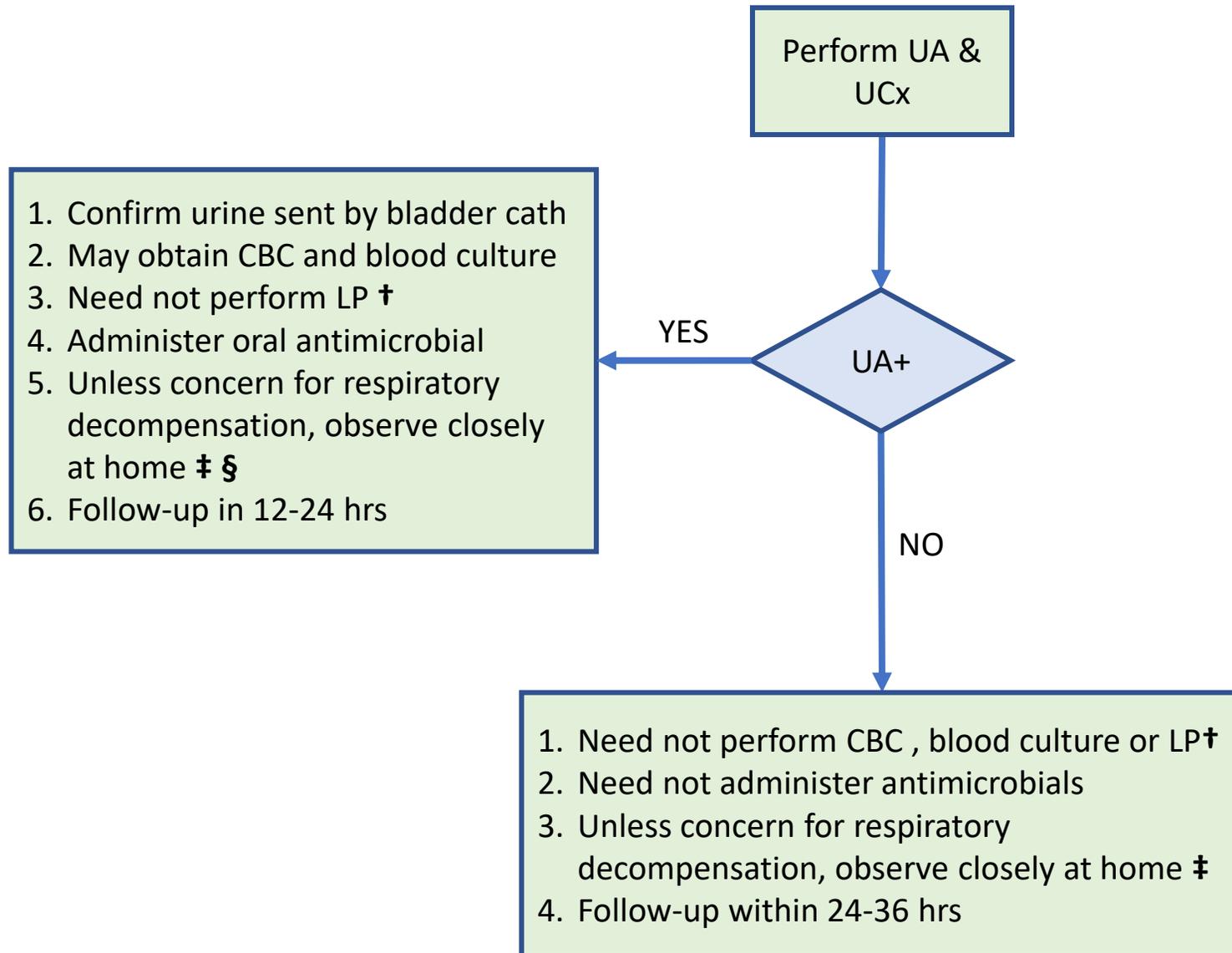


**Algorithm for Low-Risk Well-Appearing Febrile Infant:  
22-60 days of age with bronchiolitis\*, temp  $\geq$  38C**

**Footnotes:**

- \* AAP **excludes** infants with RSV and / or clinical bronchiolitis
- † Bacterial meningitis is rare in RSV + bronchiolitis
- ‡ Clinicians may manage infants at home if ALL following criteria are met: 1) Verbal teaching and written instructions have been provided for monitoring throughout the period at home, 2) Follow-up plans for re-evaluation have been developed and are in place, 3) Plans have been developed and are in place in case of change in clinical status, including means of communication between family and providers and access to emergency medical care
- § If observed at home, then recommend prescription for oral antimicrobial to treat presumed UTI.

**Guideline Terminology:**

- “**May**” can be interpreted as “consider” and will depend on specific patient circumstances. Pediatrics Consult may be helpful.
- “**Need Not**” can be interpreted as “Usually not indicated.”

**Algorithm for Low-Risk Well-Appearing Febrile Infant:  
22-60 days of age with bronchiolitis\*, temp ≥ 38C**

**Exclusion criteria**

1. Premature infants < 37 wks gestational age
2. Infants with a focal bacterial infection (e.g., cellulitis, omphalitis, septic arthritis, osteomyelitis). These infections should be managed according to accepted standards.
3. Infants with documented or suspected immune compromise
4. Infants whose neonatal course was complicated by surgery or infection
5. Infants with congenital or chromosomal abnormalities
6. Medically fragile infants requiring some form of technology or ongoing therapeutic intervention to sustain life
7. Infants who have received immunizations within the last 48 hrs
8. Infants with COVID-19

**Inclusion criteria**

Infants 22-60 days, well-appearing, temp ≥ 38C, with clinical bronchiolitis (with or without a positive test for RSV)

**Abbreviations**

1. Cath: catheter
2. CBC: complete blood count
3. LP: lumbar puncture
4. RSV: respiratory syncytial virus
5. UA: urinalysis
6. UCx: urine culture
7. UTI: urinary tract infection
8. Pabx: parenteral antibiotics

**Footnotes**

\* AAP **excludes** infants with RSV and / or clinical bronchiolitis  
† Bacterial meningitis is extremely rare in RSV + clinical bronchiolitis  
‡ If observed at home, then recommend prescription for oral antimicrobial to treat presumed UTI. Clinicians may manage infants at home if ALL following criteria are met: 1) Verbal teaching and written instructions have been provided for monitoring throughout the period at home, 2) Follow-up plans for re-evaluation have been developed and are in place, 3) Plans have been developed and are in place in case of change in clinical status, including means of communication between family and providers and access to emergency medical care  
§ If observed at home, then recommend prescription for oral antimicrobial to treat presumed UTI.