T8 Bronchiolitis Care: Implementing an Inpatient Pediatric Protocol Abstract

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Bronchiolitis is the leading cause of hospitalization among children under 2 years of age. On a pediatric floor of a West Tennessee hospital, there were no established treatment protocols or guidelines for patients admitted with bronchiolitis. The purpose of this evidence-based practice improvement project was to implement a bronchiolitis protocol for children under 2 years of age admitted to an acute care pediatric unit, thereby standardizing care for bronchiolitis patients in this unit.

The Evidence-Based Practice Improvement (EBPI) framework was selected to guide implementation of the bronchiolitis protocol. Using PDSA cycles, nasal suctioning, reductions in blood tests and chest radiography, and the use of nasogastric feeding tubes and intravenous catheters were monitored over three months during the peak bronchiolitis season. Education and an evidence-based practice process-change map informed the outcome, process, and balancing measures used during the project. Length of stay before and after project implementation was measured as an outcome, along with the percentage of staff and provider compliance with protocol recommendations.

The average length of stay for bronchiolitis patients decreased by 2 hours and 15 minutes, and transfers to higher acuity facilities declined from 7% to 4% between 2024 and 2025. Lab work and chest radiography utilization also decreased from 48% to 36%. Although staff did not achieve full compliance with every intervention, implementing a nurse-led bronchiolitis protocol produced clinically meaningful improvements in patient outcomes and care standardization. Although statistical significance was not achieved, the observed reductions in length of stay and transfers highlight the value of structured, evidence-based protocols in enhancing pediatric inpatient care.