

BACKGROUND

- Bronchiolitis is the leading cause of hospitalization in for children under 2 and the leading cause of death for children under 1.
- The purpose of this project is to standardize care for bronchiolitis patients under the age of two admitted to a satellite pediatric acute care unit in West Tennessee.

Materials & Methods

- The Evidence-Based Practice Improvement Process Model
- Focus on four nurse-led interventions:
 - As needed inhaled hypertonic saline
 - No chest x-rays or antibiotics as standard practice
 - Nurse led initiation of high-flow nasal cannula and nasogastric feeding tube or intravenous fluids when patients met hypoxemia criteria
 - Nasal tip and bulb suctioning as the primary method of secretion removal
- Outcome Measures: average length of stay, readmission rates within 3 days, physicians ordering per protocol, percentage of patients receiving care under protocol & staff providing care per protocol

Results

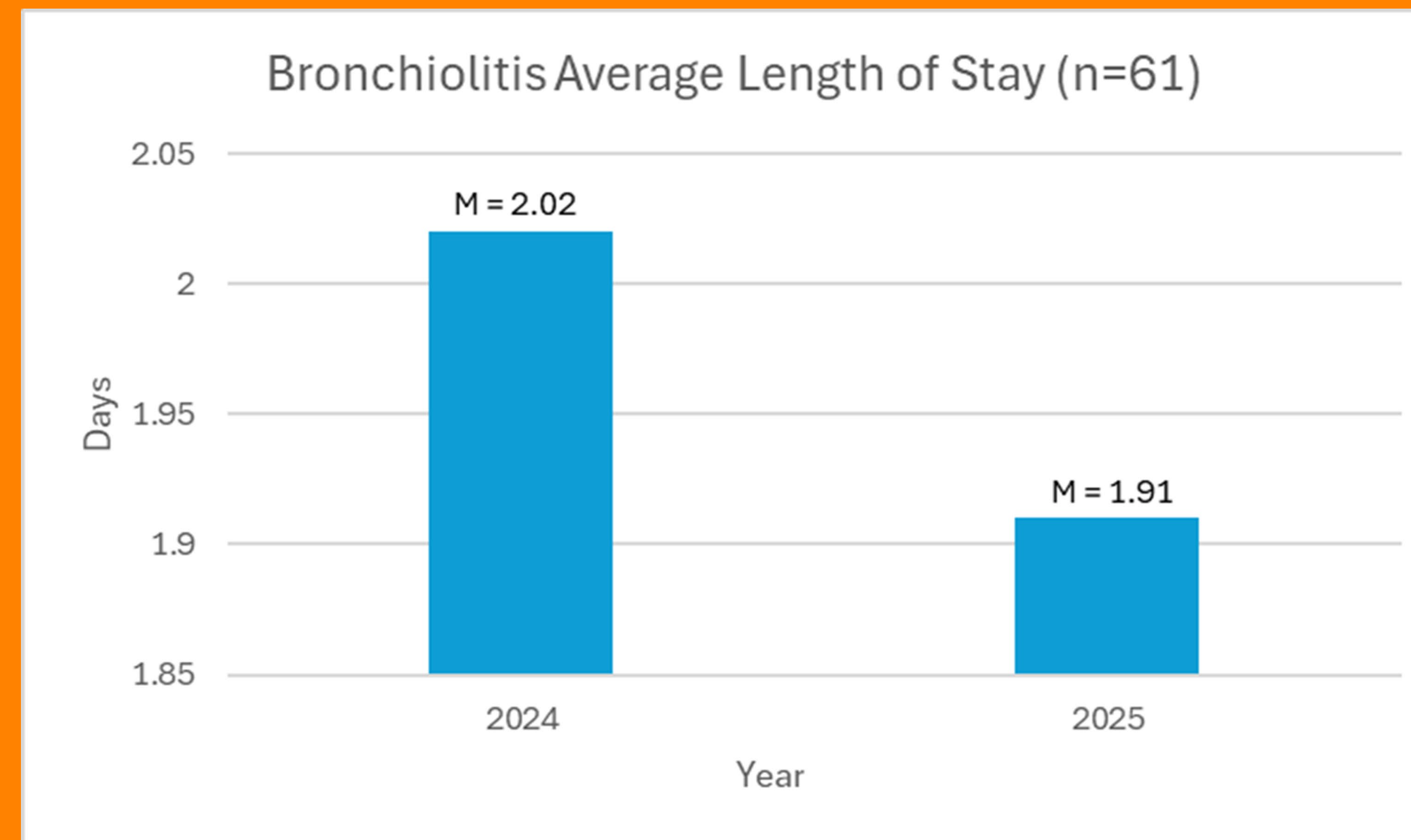


Table 1. Outcome Measures Difference Between Years

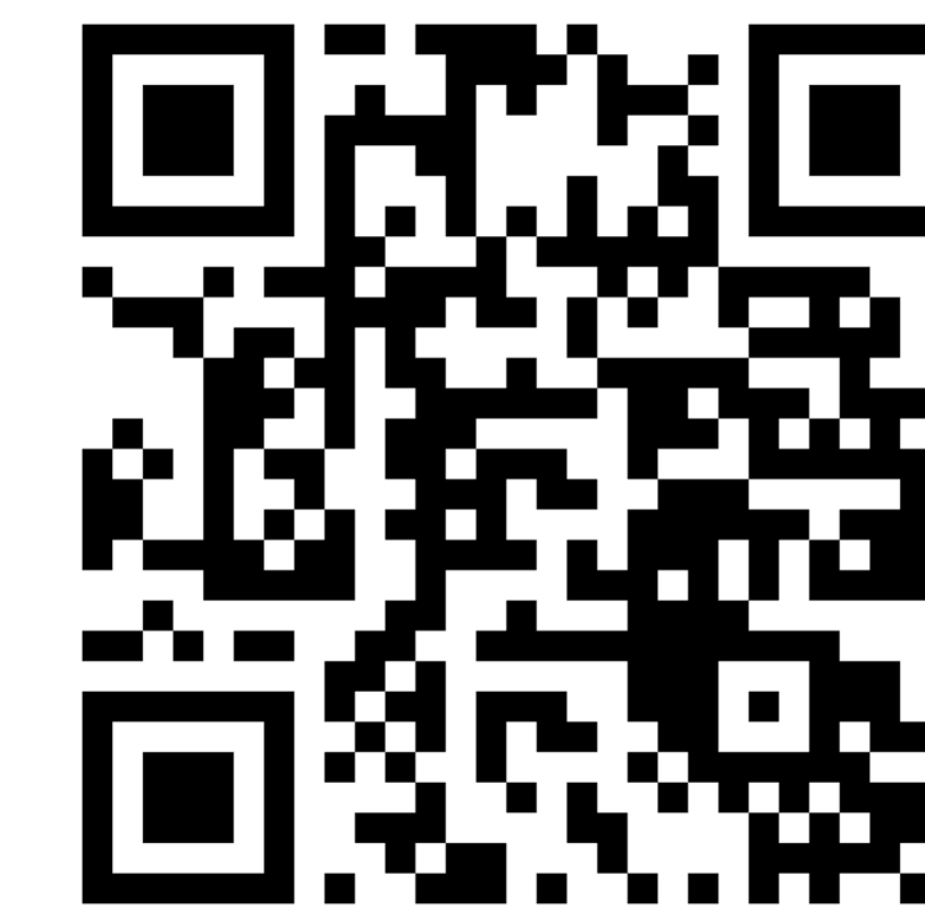
OUTCOMES	2024 (N=31)	2025 (N=25)
TRANSFERS	4 (7%)	1 (4%)
NG INITIATION	3(10 %)	2 (10%)*
CHEST X-RAYS & LAB WORK	15 (48%)	5 (36%)*

Note. *These outcomes started with week three (N=22) and week four (N=11).

CONCLUSIONS

- Implementing a bronchiolitis protocol decreases length of stay for patients, transfers to higher acuity facilities, and exposes patients to less non-evidence-based interventions.
- No readmissions within 3 days of discharge after implementation of the project
- Did not reach 100% staff protocol implementation or patient care per protocol

Literature Cited



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I'm at abeard5@vols.utk.edu if you have a question or comment. This Doctor of Nursing Practice (DNP) project is exempt from IRB review per the University of Tennessee, Knoxville Institutional Review Board