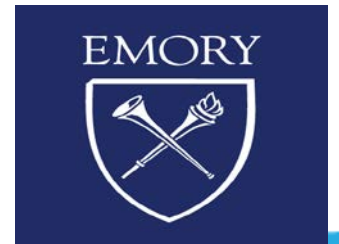


RSV Surge

David Greenky, MD FAAP

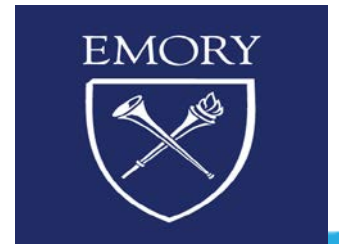
Assistant Professor of Medicine, Emory University School of Medicine

Pediatric Emergency Medicine Attending, Children's Healthcare of Atlanta



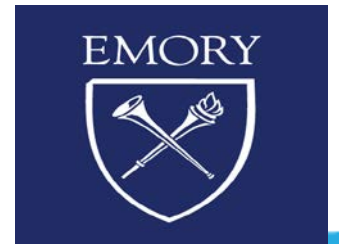
Patient information

- Previously healthy and vaccinated 7-month-old female has had 2 days of cough and nasal congestion. On the 3rd day, parents notice heavy and fast breathing and bring her to the pediatrician, who sends her to the emergency department



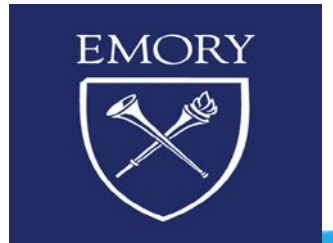
Vitals Signs and Exam Highlights

- HR: 155
- RR: 65
- O2 Saturation: 90% on room air
- Blood Pressure: 105/70
- Congestion with yellow/clear discharge from nose
- Heavy work of breathing
- Irritable
- Congestion with yellow/clear discharge from nose
- Heavy work of breathing with retractions, nasal flaring, head bobbing. Scattered faint wheezes and coarse sounds are heard.
- Capillary refill < 2 seconds, moist membranes



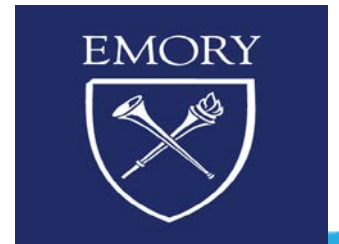
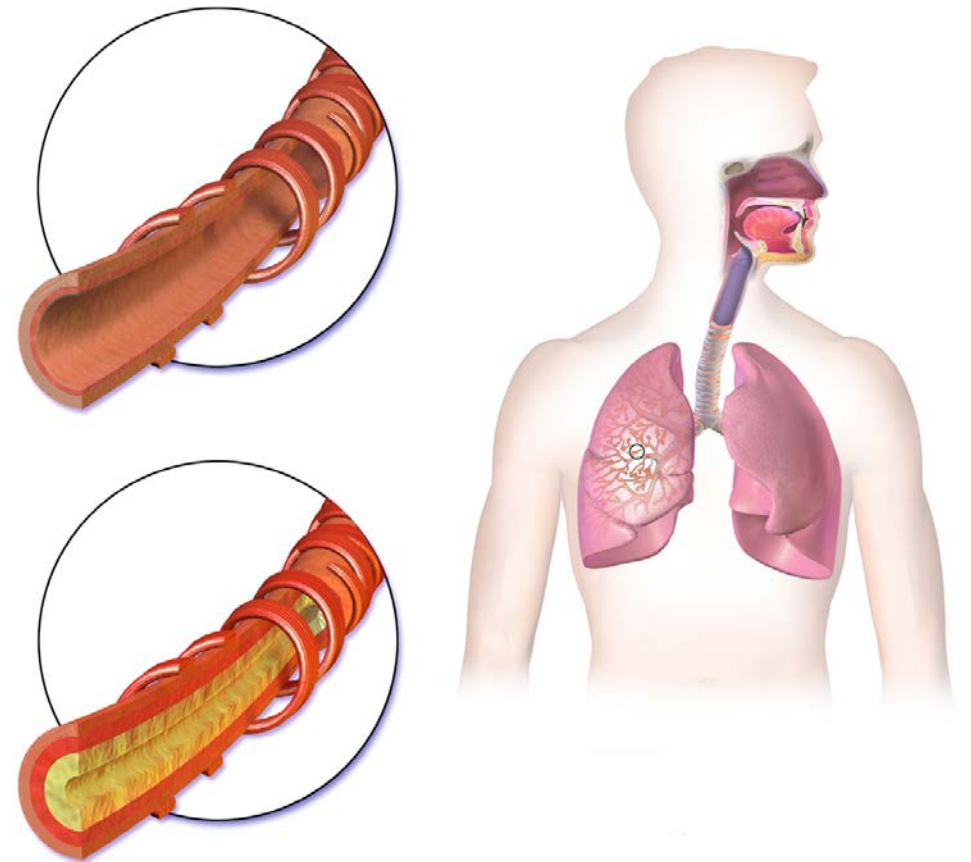
Vitals Signs and Exam Highlights

- HR: 155
- RR: 65
- O2 Saturation: 90% on room air
- Blood Pressure: 105/70
- Temp: 38.1 C (100.6 F)
- Irritable
- Congestion with yellow/clear discharge from nose
- Heavy work of breathing with retractions, nasal flaring, head bobbing. Scattered faint wheezes and coarse sounds are heard.
- Capillary refill < 2 seconds, moist membranes



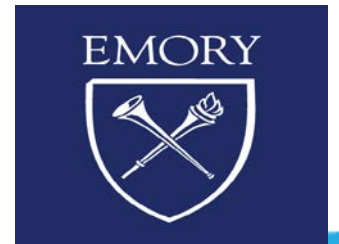
Bronchiolitis

- Inflammation and obstruction in the lower airways
- Secondary to a viral infection
- Collection of mucus, sloughing of epithelial cells, and inflammation in the lower airways, the condition may progress to respiratory distress and hypoxemia
- Respiratory Syncytial Virus (RSV) is the most common trigger (~80%)
 - RSV alone accounts for 58,000-80,000 yearly hospitalizations
- most common cause for hospitalizations in children less than 12 months



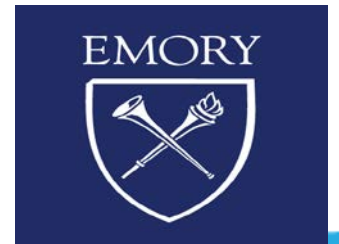
Treatment for Viral Bronchiolitis

- **SUPPORTIVE CARE!**
 - Hydration
 - Gentle suctioning
 - Oxygen and escalation of care needed for hypoxia and/or respiratory distress
 - Antipyretics if uncomfortable/in distress
- *Do I need to go to the emergency department?*
 - Voiding less than 3-4 times in a 24-hour period
 - Respiratory distress



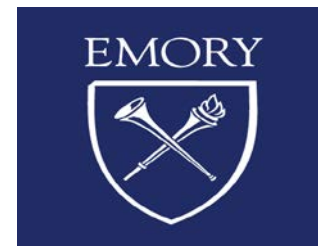
Treatment Viral Bronchiolitis

- **NOT:** Chest x-ray, antibiotics, albuterol, steroids, racemic epinephrine etc.



Important points *(ESPECIALLY)* in a surge

- Routine vaccinations, including influenza and routine care
- Triage by primary care providers
- Surge plan (staffing, PPE, space, flow etc)
- AAP guidance on palivizumab (Synagis)



END

