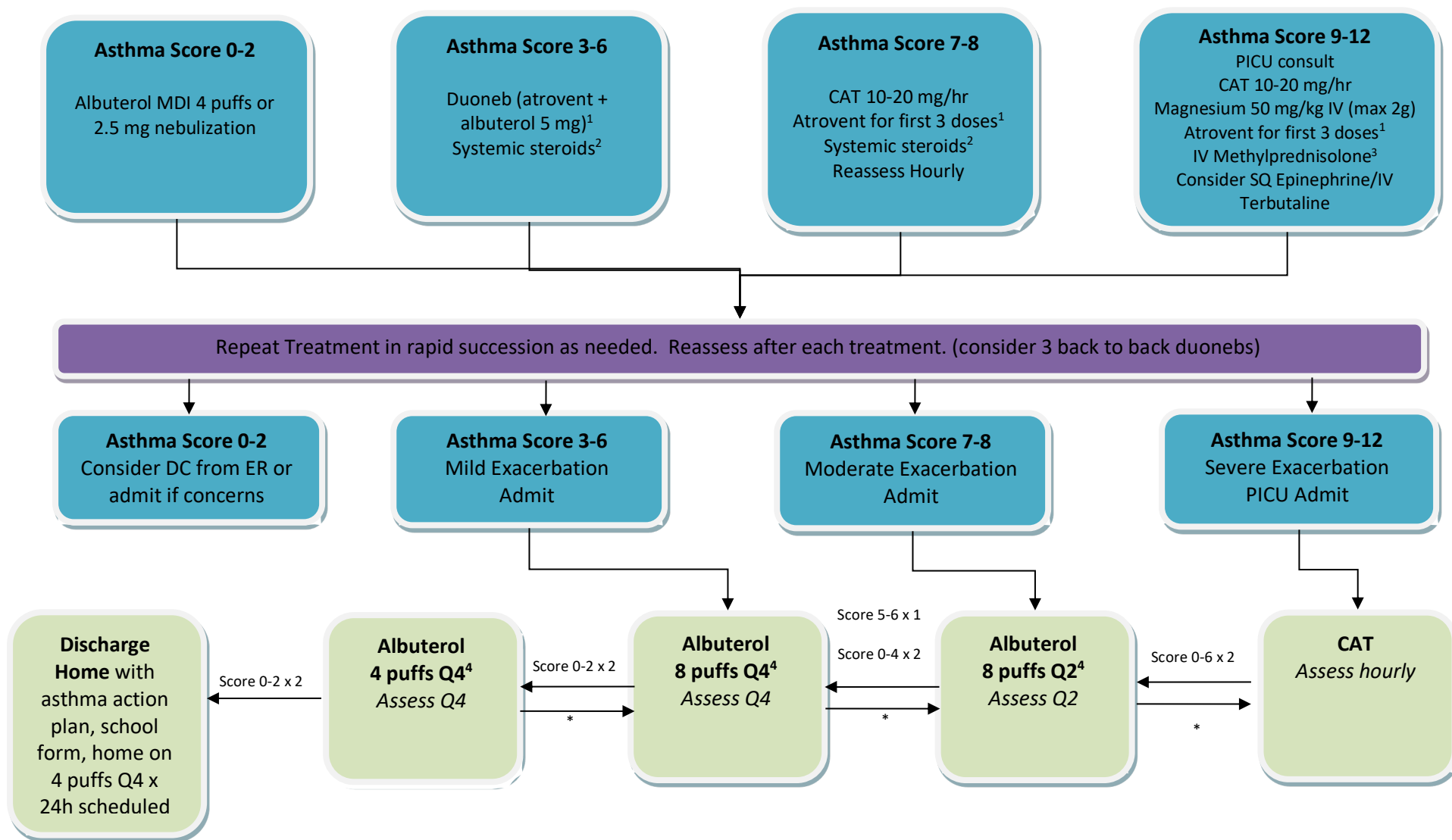


# Cone Peds Wheeze Score

(score pre- and post- for bronchiolitis)

	0	1	2
<b>Wheezes</b>	None or end-expiratory	Expiratory wheeze throughout	Inspiratory and Expiratory wheezes
<b>Air Exchange</b>	Normal	One area decreased	More than one area decreased
<b>Respiratory Rate (manual only)</b>			
<b>&lt;1 year old</b>	<40	40-60	>60
<b>1-4 year old</b>	<30	30-45	>45
<b>5-12 year old</b>	<25	25-35	>35
<b>&gt;13 year old</b>	<24	24-28	>28
<b>Retractions</b>	None	Subcostal retractions	Supraclavicular retractions and/or nasal flaring
<b>Expiratory Phase</b>	Normal	Prolonged increase in expiratory phase	Severely prolonged (3x) increase in expiratory phase
<b>Dyspnea</b>	Minimal distress (playful, smiling, takes po well, speak in full sentences)	Moderate distress (takes po poorly, prefers sitting, SOB walking across room)	Severe distress (unable to take po, appears tired, unable to lie down, single words only)

# Protocol for Asthma patients (do not use for bronchiolitis)



1 Atrovent MDI and nebulization are NOT contraindicated for peanut allergy, Atrovent nebulization Dose: < 20kg = 250 mcg; > 20kg = 500 mcg

2 Orapred 2 mg/kg/day PO (max 60 mg/day) –or- Methylprednisolone 2 mg/kg/day divided BID (max 80 mg/day) –or- Dexamethasone 0.6 mg/kg x 1 dose IM or PO (max 16 mg/dose)

3 Methylprednisolone 1 mg/kg/dose q6 hours (max 80 mg/day)

4 MDI preferred, if considering nebulization then 2.5 mg = 4 puffs and 5 mg = 8 puffs

\* Any score: 3-6 go **Mild Pathway**, 7-8 go to **Moderate Pathway**, 9-12 go to **Severe Pathway**

This clinical pathway is based upon medical evidence and a consensus of pediatric practitioners at Cone Health Pediatrics. These clinical pathways are intended to be a guide for practitioners with a special emphasis on those working at community hospital sites. Management needs to be adapted for each specific patient based on the practitioner's professional judgment, unique patient circumstances, the needs of each patient and their family, and the availability of resources at the health care institution where the patient is located.

Accordingly, these clinical pathways are not intended to constitute medical advice or treatment, or to create a doctor-patient relationship between/among Cone Health physicians and the individual patients. These clinical pathways may not be in every respect accurate or complete, and may not apply to a particular patient or medical condition.