

INFANTILE WHEEZING (<24 MONTHS OLD)

REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SPECIALTY CARE (DIV. PULMONARY MEDICINE) • 887 CONGRESS ST, SUITE 320, PORTLAND, ME • (207) 662-5522

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

SYMPTOMS AND EXAM:

Hospitalization requiring ICU care

Episodic wheezing not responding to oral steroids

Gagging or choking with eating

Failure to thrive

Respiratory distress not associated with an infection

Underlying chronic illness, or complicated pregnancy, delivery, or peri-natal course

LABS/IMAGING:

Swallow study demonstrating aspiration

Persistent consolidation on chest x-ray

SUGGESTED PREVISIT WORKUP

RECOMMEND:

Consult pulmonary medicine

Urgent consults are to expedite assessment of underlying anatomic or medical conditions that could be compromise airway patency

The intention is to prevent a life threatening complication and initiate therapies to reduce morbidity

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

SYMPTOMS AND EXAM:

Episodic wheezing requiring a trip to the emergency room or oral steroids

Symptoms not associated with respiratory infections

Symptoms associated with feeding

More than one pneumonia

LABS:

Chest x-ray with consolidations

SUGGESTED WORKUP

Swallow study with speech therapy

Escalate inhaled steroids (see asthma referral guidelines)

A call to the pharmacy to confirm medication compliance can be informative

Confirm patient is not sleeping with a bottle

Consider pulmonary medicine referral

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

SYMPTOMS AND EXAM:

A single episode of wheezing

Mild episodic wheezing episodes that respond easily to bronchodilator

Symptoms associated with viral infections

LABS:

Chest x-ray consistent with viral infection

SUGGESTED MANAGEMENT

Trial of bronchodilator therapy

Initiate low dose inhaled steroid for recurrent wheezing (see asthma referral guidelines)

CLINICAL PEARLS

- 34% of children have at least one episode of wheezing before 3 years of age.
- Most cases are episodic, mild and respond to therapy.
- Environmental interventions can greatly improve symptoms (no sleeping with bottles, no smoking, no animals in the sleeping area).

Official American Thoracic Society Clinical Practice Guidelines: Diagnostic Evaluation of Infants with Recurrent or Persistent Wheezing. AJRCCM. 2016;194:3,356-373.

Asthma and wheezing in the first six years of life. NEJM. 1995;332:133-138.

Maine Medical
PARTNERS

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.