

# ACUTE BRONCHIOLITIS: THERAPEUTIC MANAGEMENT SUITABILITY IN A THIRD-LEVEL HOSPITAL

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## Background

Respiratory syncytial virus (RSV) :  
common infection among children

70% children affected by two years of age  
22% developing symptomatology  
2-5% requiring hospitalization.

National Clinical practice guideline and Pediatric Consensus Conference on acute bronchiolitis(AB) support the lack of effectiveness of most therapeutic interventions in AB caused by RSV.

## Objective

To evaluate the suitability of therapeutic management in AB patients, in comparison with cited reference patterns.

## Materials and methods

Retrospective study including patients ( $\leq 2$  years old) admitted to paediatric unit from January-May 2015 with AB diagnosis.

## VARIABLES

- ✓ Diagnosis, VRS test, concomitant infection, antibiotherapy, risk factors (prematurity and complications) and palivizumab administration.
- ✓ Adequacy between established therapy and reference protocols was evaluated.

## Results

250 patients  $\leq 2$  years old admitted to pediatric unit with BA diagnosis (Jan-May 2015)

22 (9%) patients with moderate-severe bronchiolitis. 60 (24%) with risk factors (57% respiratory complications at birth, 27% prematurity and 17% other). One patient received palivizumab

VRS test results: 205 (82%) positive, 40 (16%) negative.

Only 5 (2%) patients presented concomitant infection when admitted, with 4 (80%) antibiotics prescription among them. The remaining 16 antibiotic prescriptions were unjustified.

Prescription	n(%)	Protocol recommendations
Corticoids	97(40%)	Not recommended measure
Bronchodilator (BD)	144(57%)	Data on potential benefit are conflicting. Not systematically suggested
Conditional adrenalin aerosols	16(6%)	Not routinely recommended prescription
Aerosolized 3% ss +/- BD	92(36%)	Recommended measure
Supportive therapy	250(100%)	Recommended measure

## Conclusions

- ✓ In our population, therapeutic approach in BA is far from reference patterns, with usual establishment of non-effective measures.
- ✓ The elaboration and validation of a protocol between clinicians and pharmacists should be assayed as a corrective measure, in order to optimise BA management.