

Reference (include title, author, journal title, year of publication, volume and issue, pages)	Evidence level (I-VII)	Key findings, outcomes or recommendations
Martin, S., Martin, J., & Seigler, T. (2015). Evidence-Based Protocols to Guide Pulse Oximetry and Oxygen Weaning in Inpatient Children with Asthma and Bronchiolitis: A Pilot Project. <i>Journal of Pediatric Nursing</i> , (30), 888-895.	V	These evidence-based protocols guided RNs and RTs to deliver oxygen and adjust monitoring-needs in real-time resulting in improved outcomes for inpatient children with asthma and bronchiolitis. Prior to protocol use, patients experienced inconsistency in monitoring and delays in oxygen weaning.
Schibler, A., Pham, T., Dunster, K., Foster, K., Barlow, A., Gibbons, K., and Hough, J. (2011) Reduced intubation rates for infants after introduction of high-flow nasal prong oxygen delivery. <i>Intensive Care Medicine</i> . May;37(5):847-52	IV	The study was a retrospective chart review of infants <24 months of age admitted to PICU for HFNP therapy. HFNP therapy appears to reduce the need for intubation in infants with viral bronchiolitis.
Brink, F; T Duke, T., Evans, J. (2013) High-Flow Nasal Prong Oxygen Therapy or Nasopharyngeal Continuous Positive Airway Pressure for Children With Moderate-to-Severe Respiratory Distress? <a href="http://www.pccmjournral.org">www.pccmjournral.org</a> September, Vol 14, No.3	IV	The aim of this study was to compare the use of highflow nasal prong oxygen therapy to nasopharyngeal continuous positive airway pressure in a PICU at a tertiary hospital  High-flow nasal prong therapy is a safe form of respiratory support for children with moderate-to-severe respiratory distress, across a large range of diagnoses, whose increased work of breathing or hypoxemia is not relieved by standard oxygen therapy. About one quarter of all children will require escalation to another form of respiratory support.
Ramsey, K. (2012). Oxygen therapy and oxygen delivery principles (respiratory therapy). <i>Mosby's Skills</i> . St. Louis, MO: Elsevier	VII	In children with bronchiolitis, there is strong scientific support to maintain SpO2 at 90% or greater by increasing or decreasing rates of supplemental oxygen based on hourly assessments
Mayfield, S., Bogossian, F., O'Malley, L., and Schibler, A. (2014). High-flow nasal cannula oxygen therapy for infants with bronchiolitis: Pilot study. <i>Journal of Paediatrics</i> . May, Vol 50 (5) pp373-378	IV	The aim of this study was to evaluate the feasibility of HFNC oxygen therapy in infants hospitalized in a pediatric ward for moderate–severe bronchiolitis and to assess the changes in ventilatory parameters before and after starting HFNC support  HFNC treatment in the paediatric ward is safe. Non-responders requiring PICU admission can be identified within the first hour of HFNC treatment by monitoring HR and RR. It is feasible to undertake a randomised controlled trial based on this pilot with the aim of decreasing PICU admissions.
Sjoberg, F., and Singer, M. (2013). The medical use of oxygen: a time for critical review. <i>Journal of Internal Medicine</i> . Vol 274 (6) pp505-528	VII	Provides an overview of the present knowledge of the physiological effects of oxygen in relation to its therapeutic potential for different medical conditions, as well as considering the potential for harm.
Nagakumar, P. Doull, I. (2012) Current Therapies for Bronchiolitis. <i>Archives of Disease</i>	VII	Discussion of current global understandings of bronchiolitis physiology and presentation. Current recommendations for management, including supportive interventions such as fluid and feed management,

<p>in Childhood. June, Vol.97, Issue 9, pg827-830</p>		<p>respiratory and airway support, oxygen therapy as well as consideration of medication therapy currently undergoing trials both within the hospital and abroad.</p>
<p>Clinical Practice Guidelines: The Diagnosis, Management &amp; Prevention of Bronchiolitis.  Ralston, S.L., Lieberthal, A.S., Meissner, H.C., Alverston, B.K., Baley, J.E., Gadomski, A.M., Johnson, D.W., Light, M.J., Maraqa, n.F., Mendonca, E.A., Phelan, K.J., Zorc, J.J., Stanko-Lopp, D., Brown, M.A., Nathanson, I., Rosenblum, E., Sayles III, S. &amp; Hernandez-Cancio, S. (2014)  Pediatrics. November, Vol.134, No.5, pge1474-e1502</p>	<p>VI</p>	<p>This guideline is a revision of the clinical practice guideline, "Diagnosis and Management of Bronchiolitis," published by the American Academy of Pediatrics in 2006.</p>