Clinical considerations for chest x-ray in children with history & exam consistent with asthma, bronchiolitis, or croup

Rarely **is a CXR required in a child with asthma, bronchiolitis, or croup**

If **NONE** of the below are present, question your reason for a CXR.

	ASTHMA 2-17 yrs old	BRONCHIOLITIS 2mo-2yrs old	CROUP 6mo-3yrs old
HISTORY OF PRESENT ILLNESS	Fever ≥38°C (100°F) for ≥72 hrs		
	Chest pain		
	Suspected foreign body ingestion or choking episode in past 2 wks		
PAST MEDICAL HISTORY	• Cerebral palsy &/or neuromuscular disease • Prematurity (<37 weeks gestation) • Bronchopulmonary dysplasia • Tracheostomy • Immunosuppression (cancer, HIV/AIDS, transplant)		• Cystic fibrosis • Ciliary dyskinesias • Congenital heart disease • Sickle cell disease
EXAM FINDINGS	Toxic, ill appearance, somnolent, lethargic, or listless		
	Focal lung exam findings (decreased breath sounds, rales, rhonchi) or crepitus		
CLINICAL COURSE	Worsening clinical status: Vital signs and/or exam findings and/or requiring escalation of care		

*Presence of one or more of these does **NOT** automatically require a CXR.*

**If wheezing is occurring without a clear atopic etiology or URI symptoms, diagnostic imaging may be considered on a case-by-case basis.*

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