

Clinical considerations for CXR in children with history & exam consistent 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 $\geq 38^{\circ}\text{C}$ (100°F) for ≥ 72 hrs		
	Chest pain		
	Suspected foreign body ingestion or choking episode in past 2 wks		
PAST MEDICAL HISTORY	<ul style="list-style-type: none"> • Cerebral palsy &/or neuromuscular disease • Prematurity (<37 weeks gestation) • Bronchopulmonary dysplasia • Tracheostomy • Cystic fibrosis 	<ul style="list-style-type: none"> • Ciliary dyskinesias • Congenital heart disease • Sickle cell disease • Immunosuppression (cancer, HIV/AIDS, transplant) 	
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		
<i>Presence of one or more of these does NOT automatically require a CXR.</i>			
<i>*If wheezing is occurring without a clear atopic etiology or URI symptoms, diagnostic imaging may be considered on a case-by-case basis.</i>			