# Teaching Script

**Author:** Elizabeth Boggs MD, Amelia Castro MD, Jan Fune MD, Lynsey Vaughan MD  
**Topic:** Pulse Oximetry in Bronchiolitis

| Identify the Trigger                                      | 1. Learner states “My plan is to do continuous pulse oximetry for my patient with bronchiolitis” OR  
<table>
<thead>
<tr>
<th></th>
<th>2. Visual cue present: patient is still connected to continuous pulse oximeter</th>
</tr>
</thead>
</table>
| High Yield Teaching Point                                | 1. Continuous pulse oximetry monitoring is unnecessary in patients hospitalized with bronchiolitis UNLESS they are on supplemental oxygen  
|                                                          | 2. The majority of infants with mild bronchiolitis can experience recurrent or sustained desaturations after discharge home yet have similar rates of return for care when compared to infants with mild bronchiolitis without desaturations at home  
|                                                          | 3. Desaturations do not predict the need for additional medical visits |
| Describe Strategy                                        | One Minute Preceptor |

**Interactive, analogies, visuals**
<table>
<thead>
<tr>
<th>Keep Script Brief</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3-5 minutes; what are your key points</strong></td>
</tr>
</tbody>
</table>

- *This can be adjusted to teach parents, nurses, medical students, or residents*

**Get commitment:** “So you want to continue pulse oximetry on this patient?”

**Probe for Evidence:** “Why?”

**General Rule:** Continuous pulse oximetry is not recommended for patients with bronchiolitis who have a stable oxygen saturation >90% on room air

**Reinforcing/Constructive Feedback:** Continuous pulse oximetry is not an effective tool to predict decompensation in patients who are on room air, rather the clinical exam is more important

**Additional script:** Can doing continuous pulse oximetry have detrimental effects?

- Reliance on pulse oximetry has been associated with increased hospitalizations, prolonged hospital stay, escalation of care, and alarm fatigue in some studies.
- In other studies with strict inclusion criteria, there was no difference in clinical outcomes OR length of stay in patients monitored with continuous versus intermittent pulse oximetry.
- At best, intermittent pulse oximetry monitoring is non-inferior to continuous monitoring, and results in fewer alarms with less disruption to the patient, family, and provider experience.


**Please click to complete a short 2-minute survey!**

Teaching Script ID #: **24**

[https://redcap.choa.org/redcap/surveys/?s=3MYER3FPKT](https://redcap.choa.org/redcap/surveys/?s=3MYER3FPKT)