

Follow-up appointments for children hospitalized for bronchiolitis may not be needed

July 6 2020



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Credit: Intermountain Healthcare

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The study is published in Monday's issue of *JAMA Pediatrics*.

Typically, when [children](#) leave the hospital after treatment for bronchiolitis (including from RSV), [parents](#) are advised to follow up with their pediatrician or [family physician](#) within a few days. Researchers asked a simple question: why—especially when most children make a full and quick recovery?

"The majority of children who come into the hospital with bronchiolitis are otherwise healthy. They often don't have underlying, [chronic conditions](#), like adults do," said the study's lead author Eric Coon, MD, MS, from University of Utah Health and Intermountain Primary Children's Hospital. "When they leave the hospital, they are expected to rapidly and completely recover. If we can save these children and their parents from the time and expense of coming in for another medical visit—especially during a pandemic—we should do so."

In the study, researchers randomly assigned 304 children less than two years of age and hospitalized for bronchiolitis to either a scheduled post-hospitalization follow-up visit or an as-needed follow-up visit. Parents in the as-needed follow-up group were told that they did not necessarily need to have a follow-up visit, but should do so if the child was not getting better at home.

Results from the study demonstrated that families in the as-needed follow-up group chose to attend substantially fewer clinic visits, but otherwise experienced equivalent outcomes to families in the scheduled follow-up group.

Specifically, researchers found the two groups were equivalent in terms of parent anxiety, duration of the child's symptoms, parent satisfaction with care, and risk of readmission to the hospital.

"Our findings suggest that we may be inefficiently using our limited healthcare resources for these patients," said Dr. Coon, who is an associate professor of pediatrics at the University of Utah School of Medicine. "This is especially true for families where a follow-up appointment could be another financial stressor on top of a child already being in the [hospital](#)."

"We know from prior research that the burden of attending outpatient visits like this disproportionately affects lower income families," he added. "This one follow-up appointment may take more time away from work for parents. Plus, transportation may not be readily accessible. If we can spare families that trip and expense, we want to do that."

Researchers also found that children with scheduled follow-up appointments were more likely to be prescribed antibiotics at that appointment. Antibiotics are not a standard course of treatment for bronchiolitis, which is a viral disease, said Dr. Coon.

"The fact that more kids are getting antibiotics in the scheduled follow-up group suggests that healthcare is begetting healthcare," Dr. Coon said. "Switching to 'as-needed' follow-up visits means fewer opportunities for patients to receive treatments they may not need."

Dr. Coon added that this rationale could potentially apply to other

common reasons for children's hospitalizations, like pneumonia, [urinary tract infections](#) and gastroenteritis, especially during the COVID-19 pandemic.

More information: Eric R. Coon et al. Comparison of As-Needed and Scheduled Posthospitalization Follow-up for Children Hospitalized for Bronchiolitis, *JAMA Pediatrics* (2020). [DOI:](#) [10.1001/jamapediatrics.2020.1937](https://doi.org/10.1001/jamapediatrics.2020.1937)

Provided by Intermountain Medical Center

Citation: Follow-up appointments for children hospitalized for bronchiolitis may not be needed (2020, July 6) retrieved 20 September 2024 from

<https://medicalxpress.com/news/2020-07-follow-up-children-hospitalized-bronchiolitis.html>

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