I-DECIDE After Bronchiolitis Hospitalization

Status: RECRUITING

Eligibility Criteria

Sex: ALL
Age: 0 months to 24 months old
Healthy Volunteers: This study is NOT accepting healthy volunteers
Inclusion Criteria:

- Primary diagnosis of bronchiolitis, discharged by a generalist inpatient service from a non-ICU, non-emergency department, non-step down unit

Exclusion Criteria:

- Children with a history of gestational age <28 weeks, chronic lung disease, complex or hemodynamically significant heart disease, immunodeficiency, or neuromuscular disease
- Children being discharged with home oxygen therapy

Conditions & Interventions

Interventions:
OTHER: Moderate-Resource Implementation Strategy, OTHER: High-Resource Implementation Strategy
Conditions:
Bronchiolitis Acute

More Information

Description:
Although automatic follow-up is a nearly universal practice, research has shown that these visits are often unnecessary after hospitalizations caused by bronchiolitis. Despite endorsement by national pediatric authorities, robust evidence, and family enthusiasm for as-needed (PRN) follow-up, it remains substantially underutilized for children hospitalized for bronchiolitis. The goal of I-DECIDE is to compare the effects of two multi-component implementation strategies, both of which aim to (a) increase PRN follow-up prescribing by hospitalists (physicians who care for hospitalized children) and (b) decrease unnecessary follow-up visit attendance by families.

Contact(s): Ramya Ramya Adapa - RamyaSriLakshmi.Adapa@cchmc.org
Principal Investigator:
Principal Investigator ID:
Phase: NA
IRB Number:
System ID: NCT07243652