

Table 1: Characteristics of included studies

STUDY	BRONCHIOLITIS SEVERITY CLASSIFICATION	SCORED USED TO STRATIFY	MEDIAN AGE	# PATIENTS RANDOMIZED HFCN/CPAP	RESPIRATOR Y SYNCYTIAL VIRUS	PREMATURITY ANTECEDENT	BRONCHOPULM NARY DYSPLASIA ANTECEDENT	TYPE DEVICE CPAP/HFNC	DOSE INTERVENTIONS	DEFINITION THERAPEUTIC FAILURE
Cesar, 2020	Severe	Wood Downes Score	2.69 months (SD 0.85)	28/35	56/63 (88,9%)	0	0	Dräger Evita 4 ventilator/ (Precision Flow; Vapotherm,	6 cmH2O/ 8lt/min	Need to escalate support to noninvasive bilevel or endotracheal intubation.
Milesi, 2017	Moderate or severe	Modified Wood's clinical asthma score (mWCAS) > 3	1,33 months (SD 1,16)	71/71	125/142 (88%)	26/142 (18,3%)	2/142 (1,4%)	Infant Flow Ventilator/ Optiflow	7cmH2O/ 2lt/k/min	Occurrence of one of the following criteria: (1) a 1-point increase in mWCAS compared with baseline; (2) RR rise >10 bpm compared with baseline, with RR >60 bpm; (3) a 1-point increase in the EDIN score compared with baseline, with EDIN >4 despite the use of hydroxyzine (1 mg/kg); and (4) more than two severe apnea episodes per hour, despite a loading dose of caf- feine (20 mg/kg) after the first apnea
Sarkar, 2018	Severe	Severe bronchiolitis who needed some respiratory support by CPAP or HNFC and/or Distress Assessment Index (RDAI) ≥11	3,41 months (SD 1,11)	15/16	NR	NR	NR	SERVO-i® /AIRVO™	4 - 8 cm H2O/ 2L/kg/min for the children less than equal to 10 kg and for children >10 kg 2L/kg/min for the first 10 kg + 0.5 L/kg/min for each kg	If HR and/or RR remained unchanged/increased; required FiO ₂ >60% for nCPAP with PEEP >8; required FiO ₂ >60% for HHHFNC with maximum O ₂ flow rate to maintain SpO ₂ >94% and no improvement or increase in RDAI score