# Cough/breathlessness in child <1 year of age



## **Clinical support tool for remote clinical assessment**

Clinical findings	Green – Iow risk	Amber – intermediate risk	
Colour Activity	<ul> <li>Normal colour of skin, lips and tongue</li> <li>Responds normally to social cues</li> <li>Content/smiles</li> <li>Stays awake or wakens quickly</li> <li>Strong normal cry / not crying</li> </ul>	<ul> <li>Pallor</li> <li>Reduced response to social cues</li> <li>Wakes only after prolonged stimulation</li> </ul>	<ul> <li>Blue or grey of</li> <li>Unable to rou</li> <li>Clinical concerning</li> <li>pitched or concerning</li> </ul>
Respiratory	None of amber or red symptoms	<ul> <li>RR 50-70 breaths/min</li> <li>Mild / moderate respiratory distress</li> <li>Audible stridor only when distressed</li> </ul>	<ul> <li>Grunting</li> <li>RR &gt; 70 brea</li> <li>Severe respir</li> <li>Pauses in brea</li> <li>Audible stride</li> </ul>
Circulation / hydration	None of amber or red symptoms	<ul> <li>Cold hands and feet in absence of fever</li> <li>Reduced urine output</li> <li>Reduced fluid intake: 50-75% of usual intake over previous 3-4 feeds</li> </ul>	Markedly red intake over la
Other	None of amber or red symptoms	<ul> <li>Risk factors for severe illness: pre-existing lung condition, congenital heart disease, age &lt;6 weeks (Corrected), prematurity &lt;35 weeks, known immunodeficiency</li> <li>Age 3-6 months with temp ≥39° (102.2°F)</li> <li>Fever for ≥ 5 days</li> <li>Additional parental/carer support required</li> <li>Lower threshold for face to face review if significant chronic co-morbidities</li> </ul>	• Age 0-3 mon • Seizure
	Green Action	Amber Action	
	Provide cough/breathlessness in children under <u>1 year safety netting advice</u> Confirm they are comfortable with the decisions/ advice given Always consider safeguarding issues	Consider video consultation and/or refer to primary care service for review	Refer immedia consider whet most appropri

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer.

This guidance has been reviewed and adapted by healthcare professionals across the Black Country.



### Red – high risk

#### colour

ouse or if roused does not stay awake cerns about nature of cry (Weak, high continuous)

#### eaths/min biratory distress breathing (apnoeas) dor at rest

educed fluid intake: <50% of usual last 2-3 feeds

#### onths with temp ≥38° (100.4°F)

# Red Action

**Red Action** 

diately to emergency care – hether 999 transfer or parent/taxi priate based on clinical acuity etc.

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