Bronchiolitis Pathway

Clinical Assessment / Management Tool for Children Younger than 1 year old with suspected Bronchiolitis



Management - Primary Care and Community Settings

Confirm they are comfortable with the decisions / advice given and then think

"<u>Safeguarding</u>" before sending home.

advice sheet.

t Presents • Si • Pr • Pr • Hi • Bi • Bi • Pre	uspected Bronchiolitis? nuffly Nose • Chesty Cough bor feeding • Vomiting yrexia • Increased work of breathing ead bobbing • Cyanosis ronchiolitis Season • Inspiratory crackles +/- wheeze sk factors for severe disease e-existing lung condition • Immunocompromised • Congenital Heart Disease e < 6 weeks (corrected) • Re-attendance • Prematurity <35 weeks • Neuror		Yes
Clinical Findings	Green - Iow risk	Amber - intermediate risk	Red - high risk
Behaviour	Alert Normal	Irritable Decreased activity No smile No smile	Unable to rouse No response to social cues Appears ill to a healthcare profe
Skin	• CRT < 2 secs • Moist mucous membra • Normal colour skin, lips and tongue	• CRT 2-3 secs • Pale/mottled • Pallor colour reported by parent/carer • Cool peripheries	CRT > 3 secs Cyanotic lips and tongue
Respiratory Rate	Under 12mths <50 breaths/minute Mild respiratory distress	Increased work of breathing All ages > 60 breaths /minute	• All ages > 70 breaths/minute • Respiratory distress
O ₂ Sats in air**	• 95% or above	• 92-94%	• <90%
Chest Recession	• Mild	Moderate	Severe
Nasal Flaring	• Absent	May be present	Present
Grunting	• Absent	Absent	Present
Feeding Hydration	 Normal - Tolerating 75% of fluid Occasional cough induced vomiting 	50-75% fluid intake over 3-4 feedsReduced urine output	<50% fluid intake over 2-3 feed Significantly reduced urine output
Apnoeas	• Absent	Absent	• Yes
Other		 Pre-existing lung condition Immunocompromised • Congenital Heart Disease Age <6 weeks (corrected) • Re-attendance Prematurity <35 weeks • Neuromuscular weakness Additional parent/carer support required 	
Also think ab	OUt iolitis often deteriorate up to Day 3. This needs to be consid	dered in those natients with risk factors for severe disease	Ur
Dables with bionen	Joint's often detendrate up to Day 5. This needs to be consid		
		Amber Action	Consider commencing Refer immediately to e
RECONCERNING ALL STATES	Green Action		efer <u>Alert Paediatrician</u>
	Provide appropriate and clear guidance to the parent / carer and refer them to the patient	Advice from Paediatrician should be sought and/or a clear management plan agreed with parents	Commence relevant to transfer

transfer Send relevant documentation

• Provide the parent/carer with a safety net: use the advice sheet and advise on signs and symptoms and changes and signpost as to where to go should things change

Consider referral to <u>acute paediatric community nursing team</u> if available

Management Plan

 Arrange any required follow up or review and send any relevant documentation to the provider of follow-up or review

Country

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

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.



- Refer immediately to emergency care by 999
- Alert Paediatrician
- Stay with child whilst waiting and give High-Flow Oxygen support



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Management - Primary Care and Community Settings

Glossary of Terms		
ABC	Airways, Breathing, Circulation	
APLS	Advanced Paediatric Life Support	
AVPU	Alert Voice Pain Unresponsive	
B/P	Blood Pressure	
CPD	Continuous Professional Development	
CRT	Capillary Refill Time	
ED	Hospital Emergency Department	
GCS	Glasgow Coma Scale	
HR	Heart Rate	
MOI	Mechanism of Injury	
PEWS	Paediatric Early Warning Score	
RR	Respiratory Rate	
WBC	White Blood Cell Count	



