Bronchiolitis Pathway

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

Management - Primary Care and Community Settings

• Sr • Pr • Pr • He • Br Ri • 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 • Neuromuscular	Do the symptoms and/or signs suggest an immediately life threatening (high risk) illness? Consider differential diagnosis if - temp ≥38°C (sepsis) or sweaty (cardiac) or unusual features of illness	Yes
Clinical Findings	Green - Iow risk	Amber - intermediate risk	Red - high risk
Behaviour	• Alert • Normal	Irritable Decreased activity Reduced response to social cues No smile	 Unable to rouse No response to social cues Appears ill to a healthcare pro
Skin	• CRT < 2 secs • Moist mucous membranes • Normal colour skin, lips and tongue	• CRT 2-3 secs • Pale/mottled • 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 feeds Reduced urine output	<50% fluid intake over 2-3 fe Significantly reduced urine o
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 at	pout		
Babies with bronch	iolitis often deteriorate up to Day 3. This needs to be considered	in those patients with risk factors for severe disease	
			Consider comment

This guidance has been reviewed and adapted by healthcare professionals across SYB with consent from the Hampshire development groups

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.

Advice from Paediatrician should be sought and/or a clear management plan agreed with parents

Management Plan

· 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

Alert Paediatrician

transfer

Refer

· Consider referral to acute paediatric community nursing team if available

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

Amber Action

"Safeguarding" before sending home.

Green Action

Provide appropriate and clear guidance to the

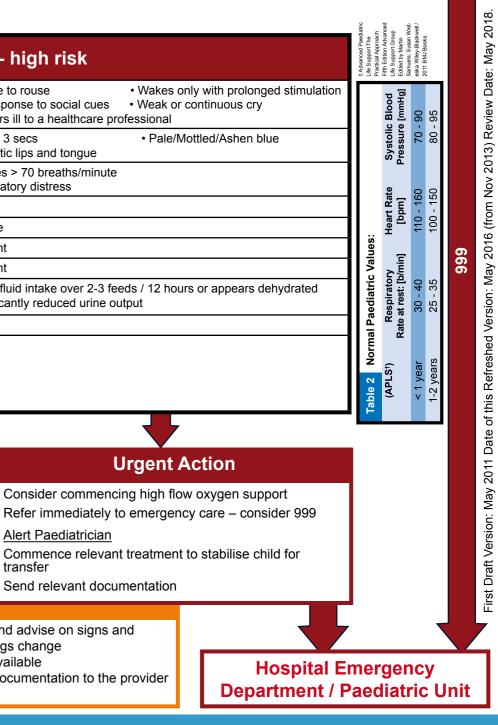
parent / carer and refer them to the patient

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

advice sheet.



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



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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	

