# **Bronchiolitis Pathway**

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





# **Management - Primary Care and Community Settings**

**Suspected Bronchiolitis?** Refer immediately to emergency Do the symptoms and/or signs suggest **Patient Presents** Yes care by **999** an immediately life threatening Snuffly Nose · Chesty Cough (high risk) illness? Alert Paediatrician Poor feeding Vomiting Increased work of breathing Pyrexia Stay with child whilst waiting and give Head bobbing Cyanosis Consider differential diagnosis High-Flow Oxygen support Bronchiolitis Season • Inspiratory crackles +/- wheeze if - temp ≥38°C (sepsis) or sweaty (cardiac) or unusual features of illness Risk factors for severe disease • Pre-existing lung condition • Immunocompromised • Congenital Heart Disease http://bit.ly/1DPXl2b) an oximeter appropriately designed for Age <6 weeks (corrected)</li>
 Re-attendance
 Prematurity <35 weeks</li>
 Neuromuscular weakness Table 1 Clinical Green - low risk Amber - intermediate risk Red - high risk **Findings Behaviour**  Irritable Unable to rouse · Wakes only with prolonged stimulation Alert Reduced response to social cues Normal Decreased activity No response to social cues Weak or continuous cry No smile Appears ill to a healthcare professional CRT < 2 secs Skin · CRT 2-3 secs · CRT > 3 secs Pale/Mottled/Ashen blue Pale/mottled Moist mucous membranes Pallor colour reported by parent/carer Normal colour skin, lips and tongue · Cool peripheries Cyanotic lips and tongue **Respiratory Rate**  Under 12mths <50 breaths/minute</li> Increased work of breathing All ages > 70 breaths/minute Mild respiratory distress All ages > 60 breaths /minute Respiratory distress • 95% or above 92-94% • <92% O<sub>2</sub> Sats in air\*\* Record your findings (See "Good Medical Practice" rt of the assessment and should be measured with a **Chest Recession** • Mild Moderate Severe **Nasal Flaring** Absent May be present Present Grunting Absent Normal - Tolerating 75% of fluid 50-75% fluid intake over 3-4 feeds <50% fluid intake over 2-3 feeds / 12 hours or appears dehydrated Feeding Occasional cough induced vomiting Significantly reduced urine output Reduced urine output **Hydration**  Absent Absent Yes **Apnoeas** Other Pre-existing lung condition Immunocompromised • Congenital Heart Disease Age <6 weeks (corrected)</li>
 Re-attendance Prematurity <35 weeks</li>
 Neuromuscular weakness Additional parent/carer support required

### Also think about...

Babies with bronchiolitis often deteriorate up to Day 3. This needs to be considered in those patients with risk factors for severe disease



Best Practice recommends: R Oximetry is an important part

#### **Green Action**

Provide appropriate and clear guidance to the parent / carer and refer them to the patient advice sheet

Confirm they are comfortable with the decisions / advice given and then think "Safeguarding" before sending home.

#### **Amber Action**

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
- 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

Refer

## **Urgent Action**

Consider commencing high flow oxygen support Refer immediately to emergency care - consider 999 Alert Paediatrician

Commence relevant treatment to stabilise child for transfer

Send relevant documentation

**Hospital Emergency Department / Paediatric Unit** 

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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