# **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 Pyrexia Increased work of breathing Stay with child whilst waiting and Head bobbing Cyanosis Consider differential diagnosis give 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 · Respiratory distress Mild respiratory distress All ages > 60 breaths /minute • 95% or above 92-94% • <90% 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

#### Also think about...

**Nasal Flaring** 

Grunting

Feeding

**Hydration** 

**Apnoeas** Other

Absent

Absent

Absent

Normal - Tolerating 75% of fluid

Occasional cough induced vomiting

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**

 Immunocompromised • Congenital Heart Disease Age <6 weeks (corrected)</li>
 Re-attendance Prematurity <35 weeks</li>
 Neuromuscular weakness

Additional parent/carer support required

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

May be present

Absent

Reduced urine output

Pre-existing lung condition

50-75% fluid intake over 3-4 feeds

### 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

### **Urgent Action**

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

Alert Paediatrician

Significantly reduced urine output

Present

Yes

Refer

Commence relevant treatment to stabilise child for

<50% fluid intake over 2-3 feeds / 12 hours or appears dehydrated

Send relevant documentation

**Hospital Emergency Department / Paediatric Unit** 

First Draft Version: May 2011 Date of this Refreshed Version: May 2016 (from Nov 2013) Review Date: May 2018.

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





# **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