Bronchiolitis Pathway and Assessment in Acute Setting for Children 0-2 years

NHS Cheshire Clinical Commissioning Group

Patient Presents

Suspected Bronchiolitis?	• Poor feeding	• Increased work	• Bronchiolitis Season
• Snuffly Nose	• Vomiting	• Head bobbing	• Inspiratory crackles +/- wheeze
• Chesty Cough	• Pyrexia	• Cyanosis	

Do the symptoms and/or signs suggest an immediately life threatening illness?

Contact ED Consultant / Registrar
Resus Call for Paediatric Anesthetic

Consider differential diagnosis if Temp > 39˚C or unusual features of illness

Clinical Findings	Green low risk	Amber intermediate risk	Red high risk
Behaviour	• Alert • Normal	• Irritable • Reduced response to social cues • Decreased Activity • No smile	• Unable to rouse • Wakes only with prolonged stimulation • No response to social cues • Weak, high pitched or continuous cry • Appears ill to a healthcare professional
Skin	• CRT < 2 secs • Moist mucous membranes • Normal colour skin, lips and tongue	• **CRT 2-3 secs** • **Pale / mottled** • Pallor colour reported by parent/carer • Cool peripheries	• CRT over 3 secs • Pale/Mottled/Ashen/Blue • Cyanotic lips and tongue
Respiratory rate	• Under 12mths <50 breaths/minute • Over 12mths <40 breaths/minute • No respiratory distress	• Under 12mths 50-60 breaths/minute • Over 12mths 40-60 breaths/minute	• All ages > 60breaths/minute • Respiratory distress
SATS in air	95% or above	92-94%	<92%
Chest recession	None	**Moderate**	Severe
Nasal Flaring	Absent	May be present	Present
Grunting	Absent	Absent	Present
Feeding	• Normal – tolerating 75% of fluid	• **Fluid intake is 50—75% of normal over 3-4 feeds**	• <50% fluids intake over 3-4 feeds / 12hours
Hydration	• Occasional cough induced vomiting	• **No wet nappy for 12 hours**	• Significant reduced urine input
Apnoea	Absent	Absent	Present for 10-15secs or shorter if accompanied by a sudden decrease in saturation
Other	Social circumstance	• Pre-existing lung condition • Immunocompromised • Congenital Heart Disease • Age <6 weeks (corrected) • Re-attendance • Prematurity • Neuromuscular weakness	
Parent anxiety	Happy	Anxious	Very anxious

All Green NO Amber, NO Red | **Any Amber NO Red** | **Any Red**

All professionals should be aware of the fact that if signs and symptoms have been present for less than 3 days, the condition is likely to get worse

Provide discharge advice

Provide appropriate and clear guidance to the parent/carer and refer them to the discharge advice sheet.
Confirm they are comfortable with the decisions and advice given, then discharge.

Consider Admission

- Countess of Chester Hospital- 01244 365000, ask to bleep Pediatric Registrar
- Macclesfield District Hospital- 01625 42100 bleep 3494
- Leighton Hospital -01270 255141, ask to bleep Paediatric Registrar

Immediate Paediatric Assessment

Seek assistance and/or Reg & Paediatric Registrar (Bleep)
Oxygen if O2 Sats < 92% or increased work of breathing
Fluids 2/3 maintenance Oral → NG →IV
Step up CPAP/Optiflow Ventilation
Discharge Plan Criteria
O2 Stats >95% support discharge Discontinued oxygen
Feeding 75% usual Consider / Refer to Children's Hospital @Home

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.

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