Bronchiolitis Pathway

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





Management - Acute Setting

Suspected Bronchiolitis? Patient Presents Do the symptoms and/or signs suggest **Contact Lead ED / Paediatric Doctor** Yes an immediately life threatening Chesty Cough Complete Snuffly Nose Move to Resuscitation Area (high risk) illness? · Poor feeding Vomiting PEWS for Resus Call ("2222") for Paediatric Arrest Increased work of breathing Pyrexia all patients Cyanosis Head bobbing Consider differential diagnosis 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 • Age <6 weeks (corrected) • Re-attendance • Prematurity <35 weeks • Neuromuscular weakness

Table 1			
Clinical Findings	Green - low risk	Amber - intermediate risk	Red - high risk
Behaviour	Alert Normal	Irritable Decreased activity Reduced response to social cues No smile	• Unable to rouse • Wakes only with prolonged stimulation • No response to social cues • Weak or continuous cry • Appears ill to a healthcare professional
Skin	• CRT < 2 secs • Normal colour skin, lips and tongue	CRT 2-3 secs Pale Cool peripheries	• CRT > 3 secs • Grey/Mottled • Cyanosis
Respiratory Rate	• <50 breaths/minute	• 50-70 breaths/minute	• > 70 breaths/minute • Apnoeas
O ₂ Sats in air**	• 92% or above	• 90-91%	• <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 feeds / 12 hours or appears dehydrated Significantly reduced urine output
Other		Pre-existing lung condition Immunocompromised • Congenital Heart Disease Age <6 weeks • Re-attendance Prematurity • Neuromuscular weakness Additional parent/carer support required	

For all patients, continue monitoring following PEWS Chart recommendation

Send Home

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



Green Action

Send Home

Provide appropriate and clear guidance to the parent / carer and refer them to the <u>patient advice sheet</u>. Confirm they are comfortable with the decisions / advice given. Consider referral to <u>acute paediatric community nursing team</u> if available

Amber Action

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

Admit

Urgent Action

Immediate Paediatric Assessment

Seek Assistance

Oxygen if O₂ Sats <92% or severe respiratory distress

Fluids ¾ maintenance Oral → NG → IV

Step up High Flow Oxygen Therapy / CPAP

Manage as per **SORT** guideline

First Draft Version: May 2011 Date of this Refreshed Version: April 2021 Review Date: April 2024.