

Clinical Assessment Tool for Babies/Children under 2 years with Suspected Bronchiolitis



Management Out of Hospital Setting

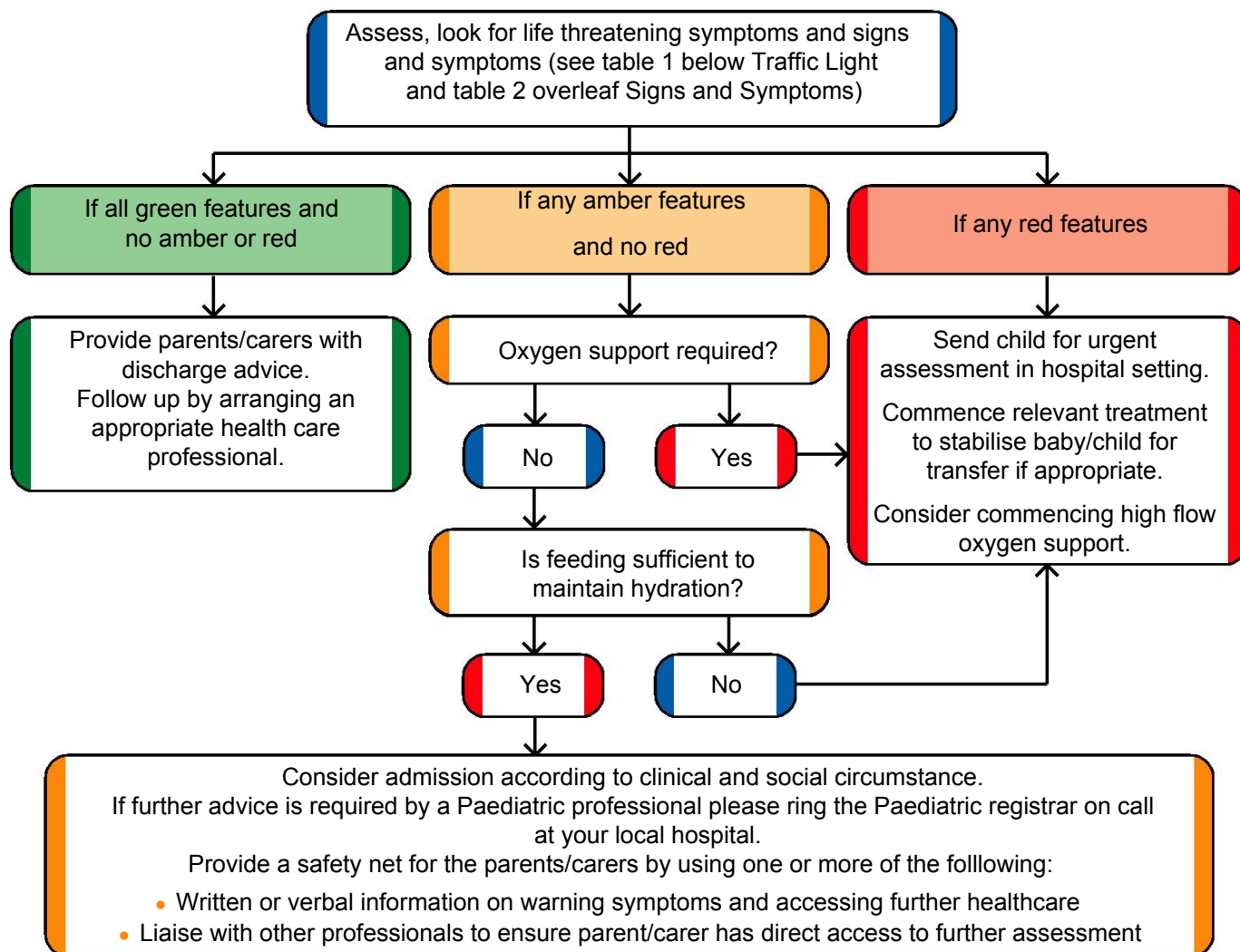


Table 1 Traffic light system for identifying severity of illness

	Green – low risk	Amber – intermediate risk	Red – high risk
Behaviour	<ul style="list-style-type: none"> Alert Normal 	<ul style="list-style-type: none"> Irritable Not responding normally to social cues Decreased activity No smile 	<ul style="list-style-type: none"> 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 Normal colour skin, lips & tongue Moist mucous membranes	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 12 mths <40 breaths/minute No respiratory distress	<12mths 50-60 breaths /minute >12 months 40-60 breaths / minute	All ages >60 breaths/minute
SATS in air	96% or above	93 – 95%	<93%
Chest Recession	None	Moderate	Severe
Nasal Flaring	Absent	May be present	Present
Grunting	Absent	Absent	Present
Feeding Hydration	Normal – no vomiting	50-75% fluid intake over 3-4 feeds +/- vomiting. Reduced urine output	<50% fluid intake over 2-3 feeds +/- vomiting. Significantly reduced urine output
Apnoeas	Absent	Absent	Present*

CRT: capillary refill time SATS: saturations in air * Apnoea – for 10-15 secs or shorter if accompanied by a sudden decrease in saturations/central cyanosis or bradycardia

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Healthcare professionals should be aware of the increased need for hospital admission in infants with the following:

- Pre-existing lung disease, congenital heart disease, neuromuscular weakness, immune-incompetence
- Age <6weeks (corrected)
- Prematurity
- Family anxiety
- Re-attendance
- Duration of illness is less than 3 days and Amber – may need to admit

Table 2 Signs and Symptoms can include:

- Rhinorrhoea (Runny nose)
- Cough
- Poor Feeding
- Vomiting
- Pyrexia
- Respiratory distress
- Apnoea
- Inspiratory crackles +/- wheeze
- Cyanosis

This guidance is written in the following context:

This assessment tool was arrived after careful consideration of the evidence available including but not exclusively SIGN, Bristol guideline, EBM data and NHS evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. This 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 guardian or carer.

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To be reviewed Summer 2015 when NICE guidelines are published.

