**CLINICAL ASSESSMENT TOOL FOR BABIES/CHILDREN UNDER 2 YEARS WITH SUSPECTED BRONCHIOLITIS**

**Management Out of Hospital Setting**

**Suspected Bronchiolitis?**

\*Snuffly nose \*Poor feeding \*Pyrexia \*Head bobbing

\*Bronchiolitis season \*Inspiratory crackle +/-wheeze

\*Chesty Cough \*Vomiting \*Increased work of breathing \*Cyanosis \*HR

If any red features (see Table 1)

If all green features and no amber or red (see Table 1)

Provide parents/carers with discharge advice.

Follow up by arranging an appointment with an appropriate healthcare professional.

Consider referral to CCN on tel: 07827 954082 for review by CCN within 24 hours (exact timeframe to be agreed after discussion).

Send child for urgent assessment in a face-to-face setting.

Commence relevant treatment to stabilise baby/child for transfer if appropriate.

Consider commencing high flow oxygen supply.

Admit

**Consider admission according to clinical and social circumstances.**

**If further advice is required by a paediatric professional please ring Watford General Hospital on 01923 244366. Provide a safety net for the parent/carer by using one or more of the following:**

* Written or verbal information on warning symptoms and accessing further healthcare
* Refer to CCN on tel: 07827 954082 for review by CCN within 24 hours (exact timeframe to be agreed after discussion).
* Liaise with other professionals to ensure parent/carer has direct access to further assessment

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| **Table 1. Traffic light system for identifying likelihood of serious illness** | | | | |
|  | **Green – low risk** | **Amber – intermediate risk** | | **Red – high risk** |
| **Behaviour** | Alert  Normal | Irritable  Not responding to normal 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 |
| **Behaviour** | CRT < 2 seconds  Normal colour skin, lips and tongue  Moist mucous membranes | CRT 2-3 seconds  Pallor reported by parent/carer  Cool peripheries | | CRT over 3 seconds  Pale/mottled/ashen blue  Cyanotic lips and tongue |
| **Respiratory Rate** | <12 months <50 breaths/minute  >12 months <40 breaths/minute  No respiratory distress | <12 months 50-60 breaths/minute  >12 months 40-60 breaths/minute | | All ages >60 breaths/minute |
| **SATS in air** | >92% | >92% | | <92% |
| **Chest Recession** | None | Moderate | | Severe |
| **Nasal Flaring** | Absent | May be present | | Present |
| **Grunting** | Absent | Absent | | Present |
| **Feeding Hydration** | Normal – no vomiting | 50-70% 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 seconds or shorter if accompanied by a sudden decrease in saturations/central cyanosis or bradychardia* | | | | |

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| **Healthcare professionals should be aware of the increased need for hospital admission in infants with the following:** | **Table 2. Signs and Symptoms can include:** |
| * Pre-existing lung disease, congenital heart disease, neuromuscular weakness, immune-incompetence * Age <6 weeks (corrected) * Prematurity * Family anxiety * Re-attendance * Duration of illness is less than 3 days and Amber – may need to admit | * 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 is based on NICE guidance, which was arrived at after careful consideration of the evidence available. 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 guardian or carer.