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 Increased work of breathing Pyrexia Stay with child whilst waiting and give Head bobbing Cyanosis Consider differential diagnosis 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 Age <6 weeks (corrected)
Re-attendance
Prematurity <35 weeks
Neuromuscular weakness Table 1 Clinical Red - high risk Green - low risk Amber - intermediate risk **Findings** · Wakes only with prolonged stimulation **Behaviour** Irritable Unable to rouse Alert Reduced response to social cues Normal Weak or continuous cry Decreased activity No response to social cues No smile Appears ill to a healthcare professional CRT < 2 secs Skin · CRT 2-3 secs Pale • CRT > 3 secs · Grey/Mottled · Moist mucous membranes Normal colour skin, lips and tongue Cool peripheries Cyanosis 50-70 breaths/minute > 70 breaths/minute **Respiratory Rate** <50 breaths/minute</p> Apnoeas • 92% or above O₂ Sats in air** <92% **Chest Recession** • Mild Moderate Severe Present **Nasal Flaring** Absent May be present Absent Grunting

50-75% fluid intake over 3-4 feeds

Reduced urine output

Pre-existing lung condition

Age <6 weeks • Re-attendance

 Prematurity • Neuromuscular weakness Additional parent/carer support required

Also think about...

Feeding

Hydration Other

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

Normal - Tolerating 75% of fluid

Occasional cough induced vomiting

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.

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

Amber Action

Immunocompromised • Congenital Heart Disease

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

Refer

- 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 - Urgent ambulance

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

Alert Paediatrician

Significantly reduced urine output

Commence relevant treatment to stabilise child for

Send relevant documentation

Hospital Emergency Department / Paediatric Unit

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