

CLINICAL ASSESSMENT TOOL FOR BABIES/CHILDREN UNDER 2 YEARS WITH SUSPECTED BRONCHIOLITIS IN THE COMMUNITY

Suspected Bronchiolitis?
 *Snuffly nose *Poor feeding *Pyrexia *Head bobbing
 *Bronchiolitis season *Inspiratory crackle +/-wheeze
 *Chesty Cough *Vomiting *Increased work of breathing *Cyanosis

Consider differential diagnosis if - temp $\geq 38^{\circ}\text{C}$ (sepsis) or sweaty (cardiac) or unusual features of illness
 If child is <3 months and temp ≥ 38.0 - admit

- [NICE guidelines for Fever in under 5's: assessment and initial management](#)
- [HWE Healthier Together Fever pathway](#)

Offer all babies/children with suspected bronchiolitis a **face-to-face appointment** with a clinician
 Obtain full history (if not previously taken)
 Measure: Temperature, oxygen saturations, heart rate and respiratory rate

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

If any amber features and no red (see Table 1)

If any red features (see Table 1)

Provide parents/carers with discharge advice, including [Bronchiolitis leaflet for parents](#).
 Consider arranging a follow up appointment with an appropriate healthcare professional.
 If other factors present, consider discussion with community nursing team: Consider referral to children's community nursing team [HERE](#)

Consider advice from a paediatrician and/or provide a clear management plan agreed with parents.

- Contact the paediatrician via [CONSULTANT CONNECT](#).
- Provide written or verbal information on warning symptoms and accessing further healthcare.
- [Bronchiolitis leaflet for parents](#).
- Consider referral to community nursing team if available [HERE](#).
- Consider arranging a follow up or review.

Refer immediately for emergency care – consider 999.
 Commence relevant treatment to stabilise baby/child for transfer if appropriate.
 Consider commencing high flow oxygen supply.
 Send relevant documentation.

Admit

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
Skin	CRT \leq 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
Temperature	<37.9 >6m & responded to paracetamol	\geq 38.0	If child is <3 months and temp \geq 38.0 - admit
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	95% or above	92-94%	<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*
<i>CRT: capillary refill time</i>		<i>SATS: saturations in air</i>	
<i>*Apnoea: For 10-15 seconds or shorter if accompanied by a sudden decrease in saturations/central cyanosis or bradycardia</i>			

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 < 3 months (corrected)
- Prematurity
- Family anxiety
- Families ability to look after child at home (including distance to healthcare facilities)
- Re-attendance
- Previous admission to PICU
- Duration of illness is less than 3 days and Amber – may need to admit

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 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.