## **Bronchiolitis Pathway**



## **NHS**Primary and Community Care Settings

## **Clinical Assessment/Management tool for Children**

When to use this pathway	Priorities of clinical assessn	nent	Risk Factors for Severe Disease	
<ul><li>Child under 2 years</li><li>Respiratory symptoms</li></ul>	<ul><li>Snuffy Nose</li><li>Chesty Cough</li><li>Poor feeding</li><li>Vomiting</li><li>Pyrexia</li></ul>	<ul> <li>Increased work of breathing</li> <li>Head bobbing</li> <li>Cyanosis</li> <li>Inspiratory crackles +/- wheeze</li> </ul>	<ul> <li>Pre-existing lung condition</li> <li>Immunocompromised</li> <li>Congenital Heart Disease</li> <li>Age &lt;6 weeks (corrected)</li> </ul>	<ul><li>Re-attendance</li><li>Prematurity &lt;35 weeks</li><li>Neuromuscular weakness</li></ul>

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CLINICAL FINDINGS	GREEN LOW RISK	AMBER MEDIUM RISK	RED HIGH RISK
Respiratory	<ul> <li>RR &lt; 50 breaths/minute</li> <li>Mild respiratory distress</li> <li>O<sub>2</sub> sats in air 95% or above</li> <li>Mild recession</li> <li>Nasal flaring absent</li> <li>Grunting absent</li> <li>Apnoeas absent</li> </ul>	<ul> <li>Increased work of breathing</li> <li>RR 50 - 70 breaths/minute</li> <li>O<sub>2</sub> sats in air 92-94%</li> <li>Moderate recession</li> <li>Nasal flaring may be present</li> <li>Grunting absent</li> <li>Apnoeas absent</li> </ul>	<ul> <li>RR &gt; 70 breaths/minute</li> <li>O<sub>2</sub> sats in air &lt;92%</li> <li>Severe recession</li> <li>Nasal flaring present</li> <li>Grunting present</li> <li>Apnoeas present</li> </ul>
Circulation and Hydration	<ul><li>Normal / tolerating 75% of fluid</li><li>Occasional cough induced vomiting</li></ul>	<ul><li>50-75% feeds / fluid intake</li><li>Reduced urine output</li></ul>	<ul><li>&lt; 50% feeds / fluid intake or appears dehydrated</li><li>Significantly reduced urine output</li></ul>
Colour and Activity	<ul> <li>Alert</li> <li>Normal</li> <li>CRT &lt; 2 secs</li> <li>Normal colour skin, lips and tongue</li> <li>Moist mucous membranes</li> </ul>	<ul> <li>Irritable</li> <li>Decreased activity</li> <li>Reduced response to social cues</li> <li>CRT 2-3 secs</li> <li>Pallor colour reported by parent/carer</li> <li>Pale/mottled</li> <li>Cool peripheries</li> </ul>	<ul> <li>Unable to rouse</li> <li>No response to social cues</li> <li>Wakes only with prolonged stimulation</li> <li>Weak or continuous cry</li> <li>CRT&gt;3 secs</li> <li>Cyanotic lips and tongue</li> <li>Pale/mottled/ashen blue</li> </ul>
Other		<ul> <li>Risk factors for severe disease present</li> <li>Additional parent/carer support required</li> </ul>	Appears unwell to a healthcare professional
	GREEN ACTION	AMBER ACTION	RED ACTION
	<ul> <li>Provide written and verbal advice, see our page on Bronchiolitis</li> <li>Confirm parents/carers are comfortable with the deci sions/advice given</li> <li>Discuss with a Paediatrician if concerned</li> </ul>	<ul> <li>Discuss with a Paediatrician</li> <li>Provide written and verbal advice, see our page on <u>Bronchiolitis</u></li> <li>Consider referral to acute paediatric community nursing team or respiratory hub if available</li> <li>Arrange appropriate follow up if not admitted</li> </ul>	<ul> <li>Consider giving oxygen</li> <li>Arrange urgent hospital assessment</li> <li>Consider 999</li> <li>Alert Paediatrician</li> <li>Commence relevant treatment to stabilise child for transfer</li> </ul>

This guidance has been reviewed and adapted by healthcare professionals across West Yorkshire with consent from the Hampshire development groups