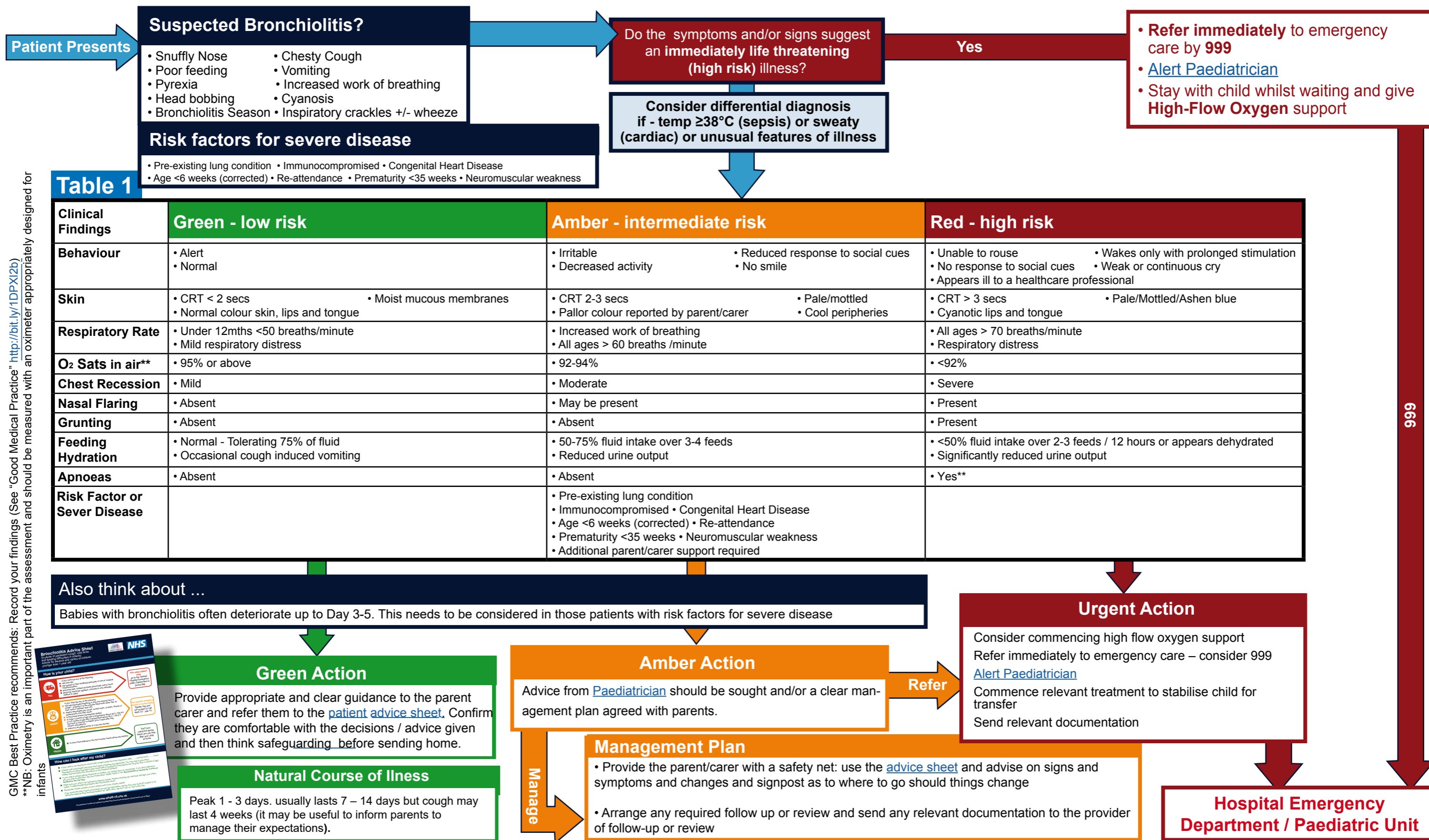


Bronchiolitis Pathway

Clinical Assessment / Management Tool for Children Younger than 1 year old with suspected Bronchiolitis



Management - Primary Care and Community Settings



GMC Best Practice recommends: Record your findings (See "Good Medical Practice" <http://bit.ly/1DPXI2b>)
**NB: Oximetry is an important part of the assessment and should be measured with an oximeter appropriately designed for infants



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Management - Primary Care and Community Settings

Glossary of Terms	
ABC	Airways, Breathing, Circulation
APLS	Advanced Paediatric Life Support
AVPU	Alert Voice Pain Unresponsive
B/P	Blood Pressure
CPD	Continuous Professional Development
CRT	Capillary Refill Time
ED	Hospital Emergency Department
GCS	Glasgow Coma Scale
HR	Heart Rate
MOI	Mechanism of Injury
PEWS	Paediatric Early Warning Score
RR	Respiratory Rate
WBC	White Blood Cell Count

The following treatments are NOT recommended for infants with acute bronchiolitis

- Chest physiotherapy using vibration and percussion
- Nebulised Ribavirin
- Antibiotic therapy
- Nebulised Epinephrine
- Inhaled corticosteroids
- Inhaled beta 2 agonist bronchodilators (may work if atopic background)
- Nebulised Ipratropium Bromide
- Oral systemic corticosteroids

Red Risk Apnoeas **

(observed or reported prolonged pauses in breathing for 10-15 secs or shorter if accompanied by a sudden decrease in saturations, central cyanosis or bradycardia)

Normal Paediatric Values

(Adapted from APLS†)	Respiratory Rate at rest:	Heart Rate	Systolic BP mmHg
Neonate <4 weeks	40 - 60	120 - 160	> 60
Infant < 1 year	30 - 40	110 - 160	70 - 90
Toddler 1-2 years	25 - 35	100 - 150	75 - 95