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





Management - Primary Care and Community Settings

Suspected Bronchiolitis? Do the symptoms and/or signs suggest **Patient Presents** Yes an immediately life threatening Snuffly Nose · Chesty Cough (high risk) illness? Poor feeding Vomiting Pyrexia Increased work of breathing Head bobbing Cyanosis Consider differential diagnosis 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

Refer immediately to emergency care by **999**

- Alert Paediatrician
- Stay with child whilst waiting and give High-Flow Oxygen support

Clinical Green - low risk Amber - intermediate risk Red - high risk **Findings Behaviour** Alert Irritable Reduced response to social cues Unable to rouse Wakes only with prolonged stimulation Normal Decreased activity Weak or continuous cry No smile No response to social cues Appears ill to a healthcare professional CRT < 2 secs Skin · CRT 2-3 secs · CRT > 3 secs Pale/Mottled/Ashen blue Pale/mottled Moist mucous membranes Normal colour skin, lips and tongue · Cool peripheries Cyanotic lips and tongue Pallor colour reported by parent/carer **Respiratory Rate** Under 12mths <50 breaths/minute Increased work of breathing All ages > 70 breaths/minute Mild respiratory distress All ages > 60 breaths /minute Respiratory distress • 95% or above 92-94% • <92% O₂ Sats in air** **Chest Recession** • Mild Moderate Severe **Nasal Flaring** Absent May be present Present Grunting Absent Normal - Tolerating 75% of fluid <50% fluid intake over 2-3 feeds / 12 hours or appears dehydrated Feeding 50-75% fluid intake over 3-4 feeds Occasional cough induced vomiting Significantly reduced urine output Reduced urine output **Hydration** Absent Yes** Absent **Apnoeas** Risk Factor or Pre-existing lung condition **Sever Disease** Immunocompromised • Congenital Heart Disease Age <6 weeks (corrected)
Re-attendance Prematurity <35 weeks
Neuromuscular weakness Additional parent/carer support required

Also think about ...

Babies with bronchiolitis often deteriorate up to Day 3-5. This needs to be considered in those patients with risk factors for severe disease

Green Action

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 and then think safeguarding before sending home.

Natural Course of Ilness

Peak 1 - 3 days. usually lasts 7 – 14 days but cough may last 4 weeks (it may be useful to inform parents to manage their expectations).

Amber Action

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

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
- 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 - consider 999 Alert Paediatrician

Commence relevant treatment to stabilise child for transfer

Send relevant documentation

Hospital Emergency Department / Paediatric Unit

Refer

This guidance was written in collaboration with the SE Coast SCN and involved extensive consultation with healthcare professionals in Frimley, Wessex

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. 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 carer.

Review Date: April 2024 First Draft Version: April 2021

Bronchiolitis Pathway

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





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

corticosteroids

Oral systemic

Red Risk Aponeas **

(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

(Adaptedfrom 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
Todd.er 1-2 years	25 - 35	100 - 150	75 - 95