

Bronchiolitis – pathway and assessment in primary and secondary care - revised Apr 2016

Suspected Bronchiolitis?		
Snuffly nose	Chesty cough	Vomiting
Poor feeding	Head bobbing	Cyanosis
Pyrexia	Inspiratory wheeze/crackles	Increased respiratory effort
Consider differential diagnosis if temperature >39 °C or unusual features of illness. If signs and symptoms have been present for less than 3 days, the condition is likely to get worse		

	GREEN Low risk	AMBER 1 Low moderate	AMBER 2 High moderate	RED High risk
Behaviour	<input type="checkbox"/> Alert <input type="checkbox"/> Responds normally to social cues <input type="checkbox"/> Content/smiles <input type="checkbox"/> Normal cry	<input type="checkbox"/> Lethargic <input type="checkbox"/> Some response to social cues <input type="checkbox"/> Wingey – not irritable	<input type="checkbox"/> Irritable <input type="checkbox"/> Drowsy <input type="checkbox"/> Poor response to social cues <input type="checkbox"/> No smile	<input type="checkbox"/> Appears ill to healthcare professional <input type="checkbox"/> Unable to rouse <input type="checkbox"/> Does not respond to social cues <input type="checkbox"/> Weak, high pitched or distressed cry
Skin	<input type="checkbox"/> Normal colour skin, lips and tongue <input type="checkbox"/> Normal turgor <input type="checkbox"/> CRT <2 seconds	<input type="checkbox"/> Pale <input type="checkbox"/> CRT 2-3 seconds	<input type="checkbox"/> Pale <input type="checkbox"/> CRT > 3 seconds <input type="checkbox"/> Reduced turgor/sunken eyes	<input type="checkbox"/> Reduced skin turgour <input type="checkbox"/> Pale/mottled/ashen <input type="checkbox"/> CRT >3 seconds
Respiratory rate Normal mean respiratory rate: < 1y 30-40 1-2y 25-35 2-5y 25-30	<input type="checkbox"/> Normal rate and breathing pattern	<input type="checkbox"/> Mild Tachypnoea (see normal values)	<input type="checkbox"/> Moderate Tachypnoea <input type="checkbox"/> Increased work of breathing	<input type="checkbox"/> Severe Tachypnoea <input type="checkbox"/> Severe respiratory distress <input type="checkbox"/> Bradypnoea
O2 saturations in air	<input type="checkbox"/> 95 % or above	<input type="checkbox"/> 94%	<input type="checkbox"/> 93% or below	<input type="checkbox"/> 92% or below or unrecordable <input type="checkbox"/> Cyanosis
Recessions	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Nasal flare	<input type="checkbox"/> Absent	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Grunting	<input type="checkbox"/> Absent	<input type="checkbox"/> Absent	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Regular
Apnoea	<input type="checkbox"/> Absent	<input type="checkbox"/> Absent	<input type="checkbox"/> Absent	<input type="checkbox"/> Present for 10-15 secs or shorter if accompanied by a sudden decrease in saturations/central cyanosis or bradycardia
Feeding and hydration	<input type="checkbox"/> Normal skin eyes & mucous membranes <input type="checkbox"/> Normal Urine output <input type="checkbox"/> Tolerating 75% of fluids	<input type="checkbox"/> Tolerating 50-75% fluid intake <input type="checkbox"/> Mildly reduced urine output	<input type="checkbox"/> Dry mucous membranes <input type="checkbox"/> Tolerating < 50% of fluid intake over 3-4 feeds <input type="checkbox"/> Moderately reduced urine output	<input type="checkbox"/> < 50% usual fluid intake over 2-3 feeds/12 hours <input type="checkbox"/> Significantly reduced urine output <input type="checkbox"/> Sunken fontanelle
Action	Self Care at home	Prior to referral to CAU, consider	Urgent referral to CAU	999 Ambulance transfer to A&E
Consider when referring	Provide appropriate and clear advice to parents to manage temperature and maintain hydration. Safety netting to look out for signs of deterioration	Second review (in primary care) and senior review (in A&E) Discuss with Paeds Registrar if required	Children on home oxygen must be assessed in CAU	Do NOT send to CAU Urgent assessment by Senior A&E and Paediatric teams
<input type="checkbox"/> Social circumstances <input type="checkbox"/> Prematurity <input type="checkbox"/> Pre-existing lung condition <input type="checkbox"/> Known cardiac defect <input type="checkbox"/> Neuromuscular deficiency <input type="checkbox"/> Immunocompromis e				

Guidelines for use

This guidance is used across primary care, walk in centre and A&E with appropriate modification and should be used to communicate with colleagues across these settings

An overall impression should be made based on the criteria – use judgement when interpreting a single clinical sign eg capillary refill time

Guidance is to assist decision making and not replace common sense .Ask for Paediatric advice if you are concerned about a child

Please provide the family information re the condition at discharge

Maintenance fluid intake in children is as follows

< 10 kg 100 ml/kg

10-20 kg Add 50 ml /kg to 1000 mls

20-40 kg add 20 ml/kg to 1500 mls

Normal urine output

Infant 2ml/kg/h

Child 1 ml/kg/h

Normal physiological parameters by age

Age	Heart rate (bpm)	Resp rate (bpm)
< 1y	110-160	30-40
1-2 y	100-150	25-35
2-5 y	95-140	25-30