

Bronchiolitis

For use by healthcare professionals only



Clinical Assessment/Management tool for Children

Primary and Community Care Settings

CLINICAL ASSESSMENT		RISK FACTORS		RED FLAGS
<ul style="list-style-type: none"> • Snuffy Nose • Chesty Cough • Poor feeding • Vomiting • Pyrexia (in 30% of children) 	<ul style="list-style-type: none"> • Increased work of breathing • Crackles +/- wheeze • Head bobbing • Cyanosis • Bronchiolitis Season 	<ul style="list-style-type: none"> • Chronic lung disease • Haemodynamically significant congenital heart disease • Neuromuscular disorder • Age <3 months • Immunodeficiency 	<ul style="list-style-type: none"> • Re-attendance • Cigarette smoke exposure • Prematurity <32 weeks • Long distance to healthcare setting • Carer factors 	<p>Temperature more than 39C (consider sepsis) ? Cardiac (sweaty and clammy) Looks unwell - pale and lethargic Severe respiratory distress or apnoea</p>

CLINICAL FINDINGS	GREEN LOW RISK	AMBER MEDIUM RISK	RED HIGH RISK
Respiratory	<ul style="list-style-type: none"> • Under 12mths <50 breaths/minute • Mild respiratory distress • O₂ sats in air 95% or above • Mild chest recession • Nasal flaring absent • Grunting absent • Apnoea's absent 	<ul style="list-style-type: none"> • Increased work of breathing • All ages > 60 breaths/minute • O₂ sats in air 92-94% • Moderate chest recession • Nasal flaring may be present • Grunting absent • Apnoea's absent 	<ul style="list-style-type: none"> • All ages > 70 breaths/minute • Respiratory distress • O₂ sats in air <92% • Severe chest recession • Nasal flaring • Grunting • Apnoea
Circulation and Hydration	<ul style="list-style-type: none"> • Normal—tolerating 75% of fluid • Occasional cough induced vomiting 	<ul style="list-style-type: none"> • 50-75% fluid intake over 3-4 feeds • Reduced urine output 	<ul style="list-style-type: none"> • <50% fluid intake over 2-3 feeds/12 hours or appears dehydrated • Significantly reduced urine output
Colour and Activity	<ul style="list-style-type: none"> • Alert • Normal • CRT < 2 secs • Normal colour skin, lips and tongue • Moist mucous membranes 	<ul style="list-style-type: none"> • Irritable • Decreased activity • Reduced response to social cues • CRT 2-3 secs • Pallor colour reported by parent/carer • Pale/mottled • Cool peripheries 	<ul style="list-style-type: none"> • Unable to rouse • No response to social cues • Appears ill to a healthcare professional • Wakes only with prolonged stimulation • Weak or continuous cry • CRT>3 secs • Cyanotic lips and tongue • Pale/mottled/ashen blue

GREEN ACTION	AMBER ACTION	RED ACTION
<p>Provide appropriate and clear guidance to the parent/carer and refer them to the patient advice sheet Confirm they are comfortable with then decisions/advice given Provide parent/carer information</p>	<p>Advice from Paediatrician should be sought and/or a clear management plan agreed with parent</p> <ul style="list-style-type: none"> • Provide the parent/carer with a safety net: use the advice sheet and advice on signs and symptoms and changes and signpost as to where to go should thing change • Consider referral to acute paediatric community nursing team if available • Arrange any required follow up or review and send any relevant documentation to the provider of follow-up or review 	<ul style="list-style-type: none"> • 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