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

Management - Primary Care and Community Settings

Suspected Bronchiolitis?
- Snuffy Nose
- Chesty Cough
- Poor feeding
- Vomiting
- Pyrexia
- Increased work of breathing
- Head bobbing
- Cyanosis
- Bronchiolitis Season
- Inspiratory crackles +/- wheeze

Do the symptoms and/or signs suggest an immediately life threatening (high risk) illness?

Consider differential diagnosis 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

<table>
<thead>
<tr>
<th>Clinical Findings</th>
<th>Green - low risk</th>
<th>Amber - intermediate risk</th>
<th>Red - high risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behaviour</strong></td>
<td>Alert Normal</td>
<td>Irritable Decreased activity Reduced response to social cues No smile</td>
<td>Unable to rouse No response to social cues Wakes only with prolonged stimulation Appears ill to a healthcare professional</td>
</tr>
<tr>
<td><strong>Skin</strong></td>
<td>CRT &lt; 2 secs</td>
<td>CRT 2-3 secs Cool peripheries Pale</td>
<td>CRT &gt; 3 secs Cyanosis Grey/Mottled</td>
</tr>
<tr>
<td><strong>Respiratory Rate</strong></td>
<td>&lt;50 breaths/minute</td>
<td>50-70 breaths/minute</td>
<td>&gt; 70 breaths/minute Apnoeas</td>
</tr>
<tr>
<td><strong>O2 Sats in air</strong></td>
<td>≥92% or above</td>
<td>&lt;92%</td>
<td>Severe</td>
</tr>
<tr>
<td><strong>Chest Recession</strong></td>
<td>Mild</td>
<td>Moderate</td>
<td>Present</td>
</tr>
<tr>
<td><strong>Nasal Flaring</strong></td>
<td>Absent</td>
<td>May be present</td>
<td>Present</td>
</tr>
<tr>
<td><strong>Grunting</strong></td>
<td>Absent</td>
<td>Absent</td>
<td>Present</td>
</tr>
<tr>
<td><strong>Feeding</strong></td>
<td>Normal Tolerating 75% of fluid</td>
<td>50-75% fluid intake over 3-4 feeds Reduced urine output</td>
<td>&lt;50% fluid intake over 2-3 feeds / 12 hours or appears dehydrated Significantly reduced urine output</td>
</tr>
<tr>
<td><strong>Hydration</strong></td>
<td>Occasional cough induced vomiting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Also think about...
Babies with bronchiolitis often deteriorate up to Day 3. 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.

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
- 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

Urgent Action
Consider commencing high flow oxygen support Refer immediately to emergency care – Urgent ambulance
Alert Paediatrician Commence relevant treatment to stabilise child for transfer Send relevant documentation

Hospital Emergency Department / Paediatric Unit

This guidance was written in collaboration with the SE Coast SCR and involved extensive consultation with healthcare professionals in 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.