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

Management - Acute Setting

Patient Presents

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

Complete PEWS for all patients

Suspected Bronchiolitis?

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

Yes

Consider differential diagnosis if - temp 33.6°C (sepsis) or sweaty (cardiac) or unusual features of illness

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>Behaviour</td>
<td>Alert</td>
<td>Irritable</td>
<td>Unable to rouse</td>
</tr>
<tr>
<td></td>
<td>Normal</td>
<td>Decreased activity</td>
<td>No smile</td>
</tr>
<tr>
<td>Skin</td>
<td>CRT &lt; 2 secs</td>
<td>CRT 2-3 secs</td>
<td>CRT &gt; 3 secs</td>
</tr>
<tr>
<td></td>
<td>Normal colour skin, lips and tongue</td>
<td>Cool peripheries</td>
<td>Cyanosis</td>
</tr>
<tr>
<td>Respiratory Rate</td>
<td>&lt;50 breaths/minute</td>
<td>50-70 breaths/minute</td>
<td>&lt;70 breaths/minute</td>
</tr>
<tr>
<td>O2 Sats in air**</td>
<td>92% or above</td>
<td>90-91%</td>
<td>&gt;90%</td>
</tr>
<tr>
<td>Chest Recession</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Nasal Flaring</td>
<td>Absent</td>
<td>May be present</td>
<td>Present</td>
</tr>
<tr>
<td>Grunting</td>
<td>Absent</td>
<td>Absent</td>
<td>Present</td>
</tr>
<tr>
<td>Feeding Flaring</td>
<td>Normal - Tolerating 75% of fluid</td>
<td>50-75% fluid intake over 3-4 feeds</td>
<td>&lt;50% fluid intake over 2-3 feeds / 12 hours or appears dehydrated</td>
</tr>
<tr>
<td>Hydration</td>
<td>Occasional cough induced vomiting</td>
<td>Reduced urine output</td>
<td>Significantly reduced urine output</td>
</tr>
<tr>
<td>Other</td>
<td>Pre-existing lung condition</td>
<td>Immunocompromised</td>
<td>Wakes only with prolonged stimulation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Congenital Heart Disease</td>
<td>No response to social cues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Age &lt;6 weeks</td>
<td>Weak or continuous cry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prematurity</td>
<td>Appears ill to a healthcare professional</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neuromuscular weakness</td>
<td></td>
</tr>
</tbody>
</table>

For all patients, continue monitoring following PEWS Chart recommendation

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

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Green Action

Send Home:
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. Consider referral to the community nursing team if available

Amber Action

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

Red Action

Admit:
High Flow Oxygen Therapy / CPAP
Sats <92% or severe respiratory distress

Immediate Paediatric Assessment
Seek Assistance
Oxygen if O2 Sats <92% or severe respiratory distress
Fluids ½ maintenance Oral – NG → IV
Step up High Flow Oxygen Therapy / CPAP
Manage as per SORT guideline

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.

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