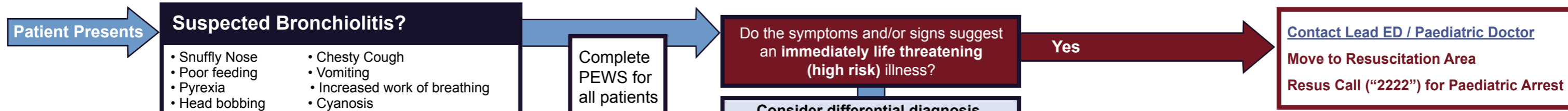


Bronchiolitis Pathway

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



Management - Acute Setting



Consider differential diagnosis if - temp ≥38°C (sepsis) or sweaty (cardiac) or unusual features of illness

Table 1

Clinical Findings	Green - low risk	Amber - intermediate risk	Red - high risk
Behaviour	• Alert • Normal	• Irritable • Decreased activity	• Unable to rouse • No response to social cues • Appears ill to a healthcare professional
Skin	• CRT < 2 secs • Normal colour skin, lips and tongue	• CRT 2-3 secs • Cool peripheries	• CRT > 3 secs • Cyanosis
Respiratory Rate	• <50 breaths/minute	• 50-70 breaths/minute	• > 70 breaths/minute • Apnoeas
O₂ Sats in air**	• 92% or above	• 90-91%	• <90%
Chest Recession	• Mild	• Moderate	• Severe
Nasal Flaring	• Absent	• May be present	• Present
Grunting	• Absent	• Absent	• Present
Feeding Hydration	• Normal - Tolerating 75% of fluid • Occasional cough induced vomiting	• 50-75% fluid intake over 3-4 feeds • Reduced urine output	• <50% fluid intake over 2-3 feeds / 12 hours or appears dehydrated • Significantly reduced urine output
Other		• Pre-existing lung condition • Immunocompromised • Congenital Heart Disease • Age <6 weeks • Re-attendance • Prematurity • Neuromuscular weakness • Additional parent/carer support required	

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

Urgent Action

Immediate Paediatric Assessment

Seek Assistance

Oxygen if O₂ Sats <92% or severe respiratory distress

Fluids 2/3 maintenance Oral → NG → IV

Step up High Flow Oxygen Therapy / CPAP

Manage as per SORT guideline

Amber Action

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

Admit

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 [acute paediatric community nursing team](#) if available



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