**Bronchiolitis Pathway**

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

**Management - Acute Setting**

**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?**

- Yes

**Consider differential diagnosis if:**

- temp > 39°C or unusual features of illness

**Complete PEWS for all patients**

- **Green - low risk**
  - Breath - Alert, Normal
  - Skin - CRT < 2 secs, Normal colour skin, lips and tongue
  - Respiratory Rate - Under 12ths <50 breaths/minute
  - O₂ Sats in air** - >90% above
  - Chest Recession - None
  - Feeding Flaring - Normal
  - Grunting - Absent
  - Hydration Apnoeas - Normal
  - Some useful phone numbers

- **Amber - intermediate risk**
  - Breath - Alert, Normal
  - Skin - CRT 2-3 secs, Patlak colour reported by parent/carer
  - Respiratory Rate - Under 12ths <50 breaths/minute, Over 12ths <40 breaths/minute
  - O₂ Sats in air** - >90% above
  - Chest Recession - None
  - Feeding Flaring - Normal
  - Grunting - Absent
  - Hydration Apnoeas - Normal

- **Red - high risk**
  - Breath - Alert, Normal
  - Skin - CRT > 3 secs, Cyanotic lips and tongue
  - Respiratory Rate - All ages > 60 breaths/minute
  - Respiratory Distress
  - Present

**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>Alert, Decreased activity, Reduced response to social cues</td>
<td>Unable to rouse, No response to social cues</td>
</tr>
<tr>
<td><strong>Skin</strong></td>
<td>CRT &lt; 2 secs, Normal colour skin, lips and tongue</td>
<td>CRT 2-3 secs, Patlak colour reported by parent/carer</td>
<td>CRT &gt; 3 secs, Cyanotic lips and tongue</td>
</tr>
<tr>
<td><strong>Respiratory Rate</strong></td>
<td>Under 12ths &lt;50 breaths/minute</td>
<td>All ages &gt; 60 breaths/minute</td>
<td>All ages &gt; 70 breaths/minute</td>
</tr>
<tr>
<td><strong>O₂ Sats in air</strong></td>
<td>&gt;90% above</td>
<td>&gt;90% above</td>
<td>&gt;92%</td>
</tr>
<tr>
<td><strong>Chest Recession</strong></td>
<td>None</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td><strong>Feeding Flaring</strong></td>
<td>Normal</td>
<td>Normal</td>
<td>Present</td>
</tr>
<tr>
<td><strong>Grunting</strong></td>
<td>Absent</td>
<td>Absent</td>
<td>Present</td>
</tr>
<tr>
<td><strong>Hydration</strong></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>
</tbody>
</table>

**For all patients, continue monitoring following PEWS Chart recommendation**

**Also think about...**

Bronchiolitic symptoms often deteriorate up to Day 3. This needs to be considered in those patients with other high risk factors.

**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 and then think “Safeguarding” before sending home.

**Amber Action**

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

**Urgent Action**

Immediate Paediatric Assessment
Seek Assistance
Oxygen if O₂ Sats <92% or severe respiratory distress
Fluids *, maintenance Oral → NG → IV
Step up High Flow Oxygen Therapy / CPAP

**Discharge plan criteria**

Oxygen Saturations maintained in air O₂ Sats >94% but can also is clinically stable, taking adequate oral fluids and has maintained oxygen saturation over 92% in air for 4 hours, including a period of sleep. Give patient advice sheet, confirm they are comfortable with the decisions / advice given and then think “Safeguarding” before sending home.

**GMC Best Practice recommends:** Record your findings (See “Good Medical Practice” [http://bit.ly/1DPXl2b](http://bit.ly/1DPXl2b)) This guidance is written in [a cause of persistent cough, mild fever and feeding difficulties in infants](http://bit.ly/1DPXl2b). It is written in [Available 24 hrs - 7 days a week](http://bit.ly/1DPXl2b) and is [Transported by local councils](http://bit.ly/1DPXl2b) of the South East Coast Strategic Clinical Networks area (Kent, Surrey and Sussex). Please email: CWSCCG.cypSECpathways@nhs.net

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, overide 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.
Dear Colleague,

I would like to introduce you to the Bronchiolitis Pathway Clinical Assessment / Management Tool for Children Younger than 1 year old – Acute Settings. This is one of a series of urgent care pathways developed by the Children and Young People’s Network for the most common conditions requiring primary and/or acute care.

The local clinical groups who played such an important role in creating these tools, starting from 2010, have included representatives from acute, community and primary care as well as parents, education and social care. In particular we would also like to thank Paediatrics and Emergency Medicine colleagues for their support in finalising these versions for circulation.

The professionals were all working towards four main objectives:

- To promote evidence-based assessment and management of unwell children and young people. The pathway tools aim to ensure that accurate and prompt advice is available to assist health professionals to make safe decisions that can be taken quickly.
- To build consistency across the Network area, so all healthcare professionals understand the pathway and can assess, manage and support children, young people and their families during the episode, to the same high standards, regardless of where they present.
- To support local healthcare professionals to share learning and expertise across organisations in order to drive continuous development of high quality care.
- To build the confidence/resilience of parents to manage their child’s illness which should be increased with the consistent advice offered for unwell children and young people accessing all local NHS services in an emergency or urgent scenario.

This pathway is comprised of three elements: parental advice, a pathway for use in primary care and community settings and a pathway for use in acute (hospital) settings. Each part has been designed to be compatible with existing pathways in the acute sector and should be particularly valuable for use in Hospital Emergency Departments and primary care settings.

It is an expectation that these pathways will not only provide a guide for clinicians faced with an unwell child, but will also be used in training and disseminated across all relevant departments and team-members.

We hope you will find this a quality tool to be used within your practice. We look forward to hearing back on how the consistency of assessment and management of these children and the overall quality of practice and patient experience has been improved with this relatively simple but whole system initiative.

To feedback or for further information including how to obtain more copies of this document we have one mailbox for these queries on behalf of the South East Coast Strategic Clinical Networks area (Kent, Surrey and Sussex). Please email: CWSCCG.cypSECpathways@nhs.net

May we commend it to your use.

Yours sincerely

The Network