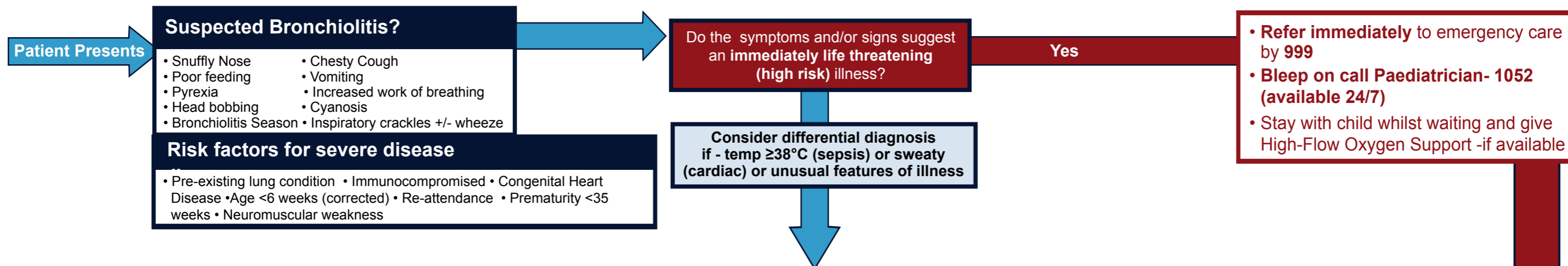


Bronchiolitis/RSV Pathway (for Tower Hamlets GPs)

Children Younger than 2 Years with Suspected Bronchiolitis



Clinical Findings	Green - low risk	Amber - intermediate risk	Red - high risk
Behaviour	• Alert • Normal	• Irritable • Decreased activity	• Reduced response to social cues • No smile
Skin	• CRT < 2 secs • Normal colour skin, lips and tongue	• CRT 2-3 secs • Pallor colour reported by parent/carer	• Pale/mottled • Cool peripheries
Respiratory Rate	• Under 12mths <50 breaths/minute • Mild respiratory distress	• Increased work of breathing • All ages > 60 breaths /minute	• All ages > 70 breaths/minute • Respiratory distress
O₂ Sats in air**	• 95% or above	• 92-94%	• <92%
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
Apnoeas	• Absent	• Absent	• Yes
Other		• Pre-existing lung condition • Immunocompromised • Congenital Heart Disease • Age <6 weeks (corrected) • Re-attendance • Prematurity <35 weeks • Neuromuscular weakness • Additional parent/carer support required	

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 and then think "[Safeguarding](#)" before sending home.

Amber Action

- See patient face-to-face and agree management plan with parents/carers
- Provide 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
- Arrange any required follow up or review
- Consider calling Paediatric Hotline- 07919598173- available: Mon- Thurs 09h00- 20h00; Fri- 09h00- 17h00

Refer →

Urgent Action

Consider commencing high flow oxygen support
Refer immediately to emergency care – consider 999
Bleep on call Paediatrician- 1052 (available 24/7)
Commence relevant treatment to stabilise child for transfer

Hospital Emergency Department / Paediatric Unit

999

See 2nd page for normal paediatric values table and patient resources

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Normal Paediatric Values:

(APLS†)	Respiratory Rate at rest: [b/min]	Heart Rate [bpm]	Systolic Blood Pressure [mmHg]
< 1 year	30 - 40	110 - 160	70 - 90
1-2 years	25 - 35	100 - 150	80 - 95

Medication Advice:

Do **not** use the following to treat bronchiolitis: Antibiotics, salbutamol, montelukast, ipratropium bromide, systemic or inhaled corticosteroids



Glossary of Terms	
ABC	Airways, Breathing, Circulation
APLS	Advanced Paediatric Life Support
AVPU	Alert Voice Pain Unresponsive
B/P	Blood Pressure
CPD	Continuous Professional Development
CRT	Capillary Refill Time
ED	Hospital Emergency Department
GCS	Glasgow Coma Scale
HR	Heart Rate
MOI	Mechanism of Injury
PEWS	Paediatric Early Warning Score
RR	Respiratory Rate
WBC	White Blood Cell Count

Patient Advice Sheet


https://what0-18.nhs.uk/application/files/5116/0562/8734/NHS_Bronchiolitis_Advice_Sheet_update.pdf

Bronchiolitis Advice Sheet

(a cause of persistent cough, mild fever and feeding difficulties in infants)
Advice for parents and carers of children younger than 1 year old



How is your child?



RED

If your child has any of the following:

- Has blue lips
- Has pauses in their breathing (apnoeas) or has an irregular breathing pattern or starts grunting
- Severe difficulty in breathing - too breathless to feed
- Becomes pale, mottled and feels abnormally cold to touch
- Becomes extremely agitated, confused or very lethargic (difficult to wake)
- Is under 3 months of age with a temperature of 38°C / 100.4°F or above (unless fever in the 48 hours following vaccinations and no other red or amber features)

You need urgent help
please phone 999
or go to the nearest
Hospital Emergency
(A&E) Department