

Patient Presents

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

Do the symptoms and/or signs suggest an immediately life threatening illness?

Consider differential diagnosis if Temp >39°C
Or unusual features of illness

Clinical Findings	Green Low Risk	Amber Intermediate risk	Red high risk
Behaviour	<ul style="list-style-type: none"> Alert Normal 	<ul style="list-style-type: none"> Irritable Reduced response to social cues Decreased Activity No smile 	<ul style="list-style-type: none"> Unable to rouse Wakes only with prolonged stimulation No response to social cues Weak, high pitched or continuous cry Appears ill to healthcare professional
Skin	<ul style="list-style-type: none"> CRT >2 secs Moist mucous membranes Normal colour skin / lips and tongue 	<ul style="list-style-type: none"> CRT 2-3 seconds Pallor colour reported by parent / carer Pale / Mottled Cool peripheries 	<ul style="list-style-type: none"> CRT over 3 seconds Pale / mottled / Ashen / Blue Cyanotic lips and tongue
Respiratory rate	<ul style="list-style-type: none"> Under 12 months <50 breaths / minute Over 12 months <40 breaths / minute No respiratory distress 	<ul style="list-style-type: none"> Under 12 months 50-60 breaths / minute Over 12 months 40-60 breaths / minute 	<ul style="list-style-type: none"> All ages .> 60 breaths / minute Respiratory distress
SATS in air	<ul style="list-style-type: none"> 95% or above 	<ul style="list-style-type: none"> 92-94% 	<ul style="list-style-type: none"> <92%
Chest recession	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Moderate 	<ul style="list-style-type: none"> Severe
Nasal Flaring	<ul style="list-style-type: none"> Absent 	<ul style="list-style-type: none"> May be present 	<ul style="list-style-type: none"> Present
Grunting	<ul style="list-style-type: none"> Absent 	<ul style="list-style-type: none"> Absent 	<ul style="list-style-type: none"> Present
Feeding	<ul style="list-style-type: none"> Normal—tolerating 75% fluid 	<ul style="list-style-type: none"> Fluid intake is 50% - 75% of normal over 3-4 feeds 	<ul style="list-style-type: none"> <50% fluids intake over 3-4 feeds / 12 hours
Hydration	<ul style="list-style-type: none"> Occasional cough induced vomiting 	<ul style="list-style-type: none"> No wet nappy for 12 hours 	<ul style="list-style-type: none"> Significant reduced urine input
Apnoea	<ul style="list-style-type: none"> Absent 	<ul style="list-style-type: none"> Absent 	<ul style="list-style-type: none"> Present for 10-15 secs or shorter if accompanied by a sudden decrease in saturation
Other	<ul style="list-style-type: none"> Social circumstance 	<ul style="list-style-type: none"> Pre-existing lung condition Immunocompromised Congenital heart disease 	<ul style="list-style-type: none"> Age <6 weeks (corrected) Re-attendance Prematurity Neuromuscular weakness
Parent Anxiety	<ul style="list-style-type: none"> Happy 	<ul style="list-style-type: none"> Anxious 	<ul style="list-style-type: none"> Very anxious

All Green NO Amber, NO Red

Any Amber, NO Red

Any Red

All professionals should be aware of the fact that if signs and symptoms have been present for less than 3 days, the condition is likely to get worse

Provide discharge Advice

Provide appropriate and clear guidance to the parent / carer and refer them to the discharge advice sheet. Confirm they are comfortable with the decisions and advice given, then discharge.

Consider Admission

- Countess of Chester Hospital- 01244 365000, ask to bleep Paediatric Registrar
- Macclesfield District Hospital- 01625 42100 bleep 3494
- Leighton Hospital -01270 255141, ask to bleep Paediatric Registrar

Immediate Paediatric Assessment

Seek assistance and/or Reg & Paediatric Registrar (Bleep)
Oxygen if O2 Sats < 92% or increased work of breathing
Fluids 2/3 maintenance Oral → NG →IV
Step up CPAP/Optiflow Ventilation
Discharge Plan Criteria
O2 Stats >95% support discharge Discontinued oxygen
Feeding 75% usual Consider / Refer to Children's Hospital @Home