

## Patient Presents

<b>Suspected Bronchiolitis?</b>	•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

Yes

**999 Transfer**  
Refer immediately to emergency care by 999 ambulance, stay with child while waiting and give High Flow Oxygen

Clinical Findings	Green Low Risk	Amber Intermediate risk	Red high risk
<b>Behaviour</b>	•Alert •Normal	•Irritable •Reduced response to social cues	•Decreased Activity •No smile
<b>Skin</b>	•CRT >2 secs •Moist mucous membranes •Normal colour skin / lips and tongue	•CRT 2-3 seconds •Pallor colour reported by parent / carer	•Pale / Mottled •Cool peripheries
<b>Respiratory rate</b>	•Under 12 months <50 breaths / minute •Over 12 months <40 breaths / minute •No respiratory distress	•Under 12 months 50-60 breaths / minute •Over 12 months 40-60 breaths / minute	•All ages > 60breaths/minute •Respiratory distress
<b>SATS in air</b>	•95% or above	•92-94%	•<92%
<b>Chest recession</b>	•None	•Moderate	•Severe
<b>Nasal Flaring</b>	•Absent	•May be present	•Present
<b>Grunting</b>	•Absent	•Absent	•Present
<b>Feeding</b>	•Normal—tolerating 75% fluid	•Fluid intake is 50% - 75% of normal over 3-4 feeds	•<50% fluids intake over 3-4 feeds / 12 hours
<b>Hydration</b>	•Occasional cough induced vomiting	•No wet nappy for 12 hours	•Significant reduced urine input
<b>Apnoea</b>	•Absent	•Absent	•Present for 10-15 secs or shorter if accompanied by a sudden decrease in saturation
<b>Other</b>	•Social circumstance	•Pre-existing lung condition •Immunocompromised •Congenital heart disease	•Age <6 weeks (corrected) •Re-attendance •Prematurity •Neuromuscular weakness
<b>Parent Anxiety</b>	•Happy	•Anxious	•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 - 01244 365000, bleep Paediatric Registrar  
• Macclesfield District Hospital - 01625 42100 bleep 3494  
• Leighton Hospital—01270 255141, bleep Paediatric Registrar  
**Consider Admission**  
Provide the parent/carers with a safety net: use the advice sheet and advise on signs, symptoms and changes and signpost as to where to go should things change. Arrange any required follow up or review and send any relevant documentation.

Assess

**Urgent Assessment**  
Refer the child for an urgent assessment. This must be in a face to face setting within 2 hours with a paediatric clinician and send relevant documentation. Commence relevant treatment to stabilise for transfer. Consider High Flow Oxygen Support

+ Local Hospital