NHS
Homerton University Hospital
NHS Foundation Trust

City and Hackney Bronchiolitis Pathway

Patient presents with bronchiolitis

Diagnosis

Coryzal prodrome for 1-3 days followed by:

- A persistent cough
- Tachypnoea/chest recession
- Wheeze/crackles on auscultation

(young infants may present with apnoea without other signs)

Risk factors for severe bronchiolitis

- Chronic lung disease
- Congenital heart disease
- Age < 3 months
- Prematurity <32/40
- Neuromuscular disease
- Immunodeficiency

(Click here for more information)

Consider pneumonia if a child has a fever >39°C; systemically unwell or persistent focal crackles on auscultation

Refer to hospital if:

- Signs of exhaustion or increased respiratory effort e.g. grunting, marked chest recession
- Apnoea (observed or reported). Very young babies (eg <6/52) at risk of apnoea
- Failure to maintain oxygen saturation >92% despite supplemental oxygen or persistent oxygen saturation of less than 92% when breathing air (where saturation monitoring is available)
- RR>60/min
- Difficulty feeding or reduced oral fluid intake to 50-75% of usual volume
- Clinical dehydration
- Decrease in wet nappies

Take into account other factors such as social circumstances, confidence of a carer in looking after the child at home and spotting red flag symptoms

What can be helpful – regular saline nasal drops (available over the counter), propping up, humidity

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

How to refer

Contact and speak to the on call Paediatric Registrar via the Homerton Hospital switchboard on 0208 510 5555

For advice

Contact and speak to the on call Paediatric Consultant via the Paediatric advice hotline on 00795390715.
The hotline is open every weekday 9 am to 5 pm.

Patient information

Click here for patient information from NHS Choices

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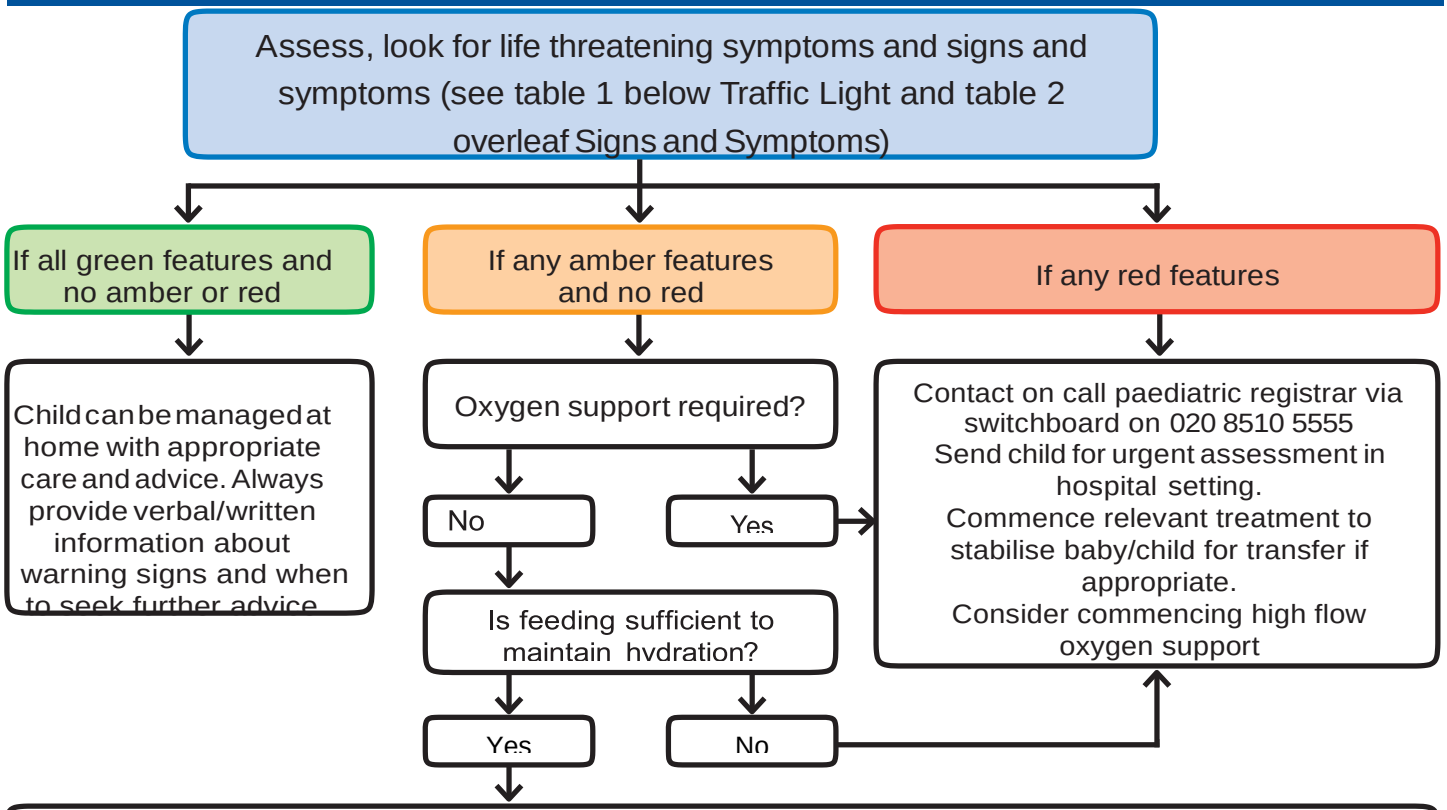
Clinical Assessment Tool

Babies/Children under 2 years with Suspected Bronchiolitis



Consider admission according to clinical and social circumstance.

- Provide a safety net for the parents/carers by using written and/ or verbal information on warning symptoms and accessing further healthcare
- Arrange appropriate follow up
- Liaise with other professionals to ensure parent/carer has direct access to further assessment

If unsure please contact the On-Call Paediatric Consultant via Switchboard (**0208 510 5555**)

Table 1 Traffic light system for identifying severity of illness

	Green – low risk	Amber – Intermediate risk	Red – high risk
Behaviour	• Alert • Normal	• Irritable • Not responding normally to social cues • Decreased activity • No smile	• Unable to rouse • Wakes only with prolonged stimulation • No response to social cues • Weak, high pitched or continuous cry • Appears ill to a healthcare professional
Circulation	CRT < 2 secs	CRT 2 - 3 secs	CRT over 3 secs
Skin	Normal colour skin, lips & tongue moist mucous membranes	Pale/mottled Pallor colour reported by parent/carer cool peripheries	Pale/Mottled/Ashen blue Cyanotic lips and tongue
Respiratory Rate	Under 12mths <50 breaths/ minute Over 12 mths <40 breaths/ minute No respiratory distress	<12 mths 50-60 breaths/minute >12 months 40-60 breaths/minute	All ages > 60 breaths/minute
SATS in air	95% or above	92 - 94%	<92%
Chest Recession	None	Moderate	Severe
Nasal Flaring	Absent	May be present	Present
Grunting	Absent	Absent	Present
Feeding Hydration	Normal – no vomiting	50-75% fluid intake over 3-4 feeds +/- vomiting. Reduced urine output	<50% fluid intake over 2-3 feeds +/- vomiting. Significantly reduced urine output.
Apnoeas	Absent	Absent	Present*

CRT: Capillary refill time
SATS: Saturation in air

*Apnoea – for 10-15 secs or shorter if accompanied by a sudden decrease in saturations/central cyanosis or bradycardia