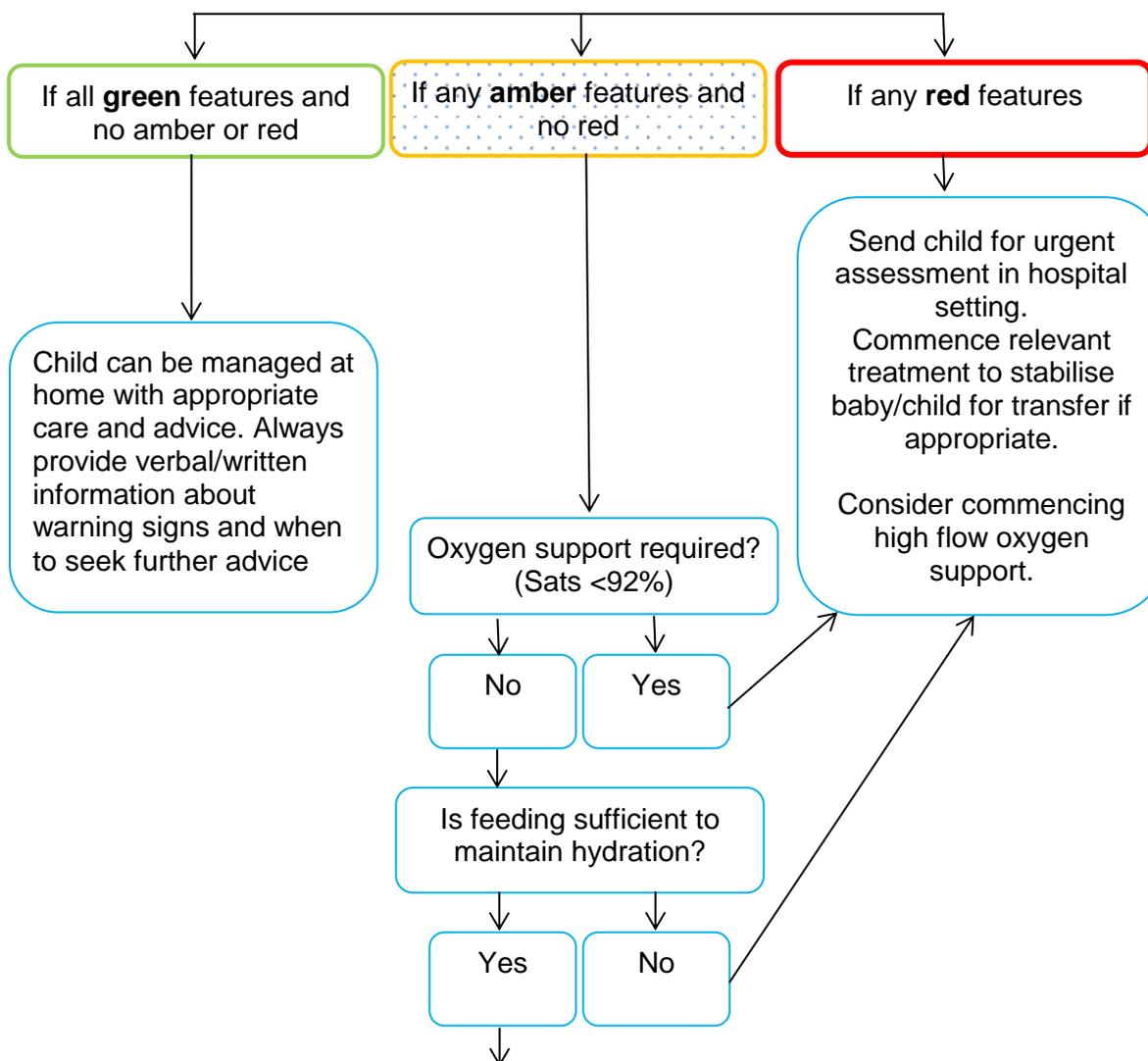


Clinical Assessment Tool

Babies/Children Under 2 years with Suspected Bronchiolitis

Assess (see Table 1) classify signs and symptoms based on the traffic lights in Table 2.
Consider admission at a lower threshold for any features in Table 3.



Consider admission according to clinical and social circumstance.

Provide a safety net for the parents/carers by using one or more of the following:

- Written or verbal information on warning symptoms and accessing further healthcare
- Arrange appropriate follow up

Table 2 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
Respiratory Rate	Under 12 mths < 50 breaths/minute Over 12 mths < 40 breaths/minute No respiratory distress	<12 mths 50-60 breaths/minute >12 mths 40-60 breaths/minute	All ages >60 breaths/minute
Chest Recession	None	Moderate	Severe
Capillary Refill Time	<2 secs	2-3 secs	Over 3 secs
Saturation in air (SATS)	95% or above	92-94%	<92%
Skin	Normal colour skin, lips and tongue Moist mucous membranes	Pale/mottled Pallor colour reported by parent/carer Cool peripheries	Pale/Mottled/Ashen blue Cyanotic lips and tongue
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
Apnoea	Absent	Absent	Present*

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

Babies/Children Under 2 years with Suspected Bronchiolitis

Table 1 signs and Symptoms can include:

- Rhinorrhoea (Runny nose)
- Cough
- Poor Feeding
- Vomiting
- Pyrexia
- Respiratory distress
- Apnoea
- Inspiratory crackles +/- wheeze
- Cyanosis

Table 3 Healthcare professionals should be aware of the increased need for hospital admission in infants with the following:

- Pre-existing lung disease, congenital heart disease, neuromuscular weakness, immune-incompetence
- Age <6 weeks (corrected)
- Prematurity
- Family anxiety
- Re- attendance
- Duration of illness less than 3 days and Amber symptoms – explain to parents that symptoms may deteriorate requiring reassessment and possible admission.

Some Useful Telephone Numbers

Ensure the parent/carer has the number of their:

GP/Practice Nurse

Community Nurse

Walk in Centre

NHS111

When you feel a GP review in a specific time period is clinically appropriate but that falls outside of the 'in hours' GP service please advise your patient/family to call NHS 111 (at an agreed time interval /level of deterioration – depending on your concerns) and advise that there is a 'predetermined plan to speak with an Out of Hours GP'. Please provide your patient / family with a letter detailing your clinical findings and concerns to help the Out of Hours GP assessment.

This guidance is written in the following context:

This assessment tool was arrived at after careful consideration of the evidence available including but not exclusively Gloucester CCG, NICE clinical guidelines, EBM data and NHS evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

GP Author: Dr Helen O'Malley **Consultant Author:** Dr Ianthe Abbey

Adapted with permission from Gloucestershire CCG **Published:** June 2018. **Review Date:** June 2020.

Bronchiolitis Advice Sheet (read in conjunction with medical advice) — Babies/Children under 2 years

Name of Child Age Date / Time advice given

Further advice/Follow up

.....

Name of Professional

Signature of Professional

How is your child? Traffic light system

 Red	<ul style="list-style-type: none"> ■ Blue lips ■ Unresponsive and very irritable ■ Finding it difficult to breathe ■ Pauses in breathing or irregular breathing pattern 	<p style="text-align: center; color: red;">You need urgent help</p> <p>please phone 999 or go to the nearest Hospital Emergency (A&E) Department</p>
 Amber	<ul style="list-style-type: none"> ■ Decreased feeding ■ Passing less urine than normal ■ Baby/child's health gets worse or you are worried ■ If your baby/child is vomiting ■ Your babies temperature is above 39° 	<p style="text-align: center; color: orange;">You need to contact a doctor or nurse today</p> <p>please ring your GP surgery or call NHS 111 – dial 111</p>
 Green	<p>If none of the above features are present</p>	<p style="text-align: center; color: green;">Self Care</p> <p>Using the advice overleaf you can provide the care your child needs at home</p>

Some useful phone numbers



GP Surgery

NHS 111
dial 111

(available 24 hrs – 7 days a week)

GP Out of Hours Service: appointments booked via the NHS 111 service

(Open from 6.30pm to 8am on weekdays and bank holidays)

For online advice: NHS Choices www.nhs.uk (available 24 hrs – 7 days a week)

If you need language support or translation please inform the member of staff to whom you are speaking.

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Bronchiolitis Advice Sheet (read in conjunction with medical advice) — Babies/Children under 2 years

What is Bronchiolitis?

Bronchiolitis is an infectious disease when the tiniest airways in your baby/child's lungs become swollen. This can make it more difficult for your baby/child to breathe. Bronchiolitis is caused by a virus. It is common in winter months and usually only causes mild cold like symptoms. Most babies/children get better on their own. Some babies/children, especially very young ones, can have difficulty breathing or feeding and may need to go to hospital.

What are the symptoms?

- Your baby/child may have a runny nose and sometimes a temperature and a cough. After a few days your baby/child's cough may become worse.
- Your baby/child's breathing may be faster than normal and it may become noisy. He or she may need to make more effort to breathe.
- Sometimes, in the very young babies, Bronchiolitis may cause them to have brief pauses in their breathing and if this happens they would need to see a doctor.
- As breathing becomes more difficult, your baby may not be able to take the usual amount of milk by breast or bottle.
- You may notice fewer wet nappies than usual.
- Your baby/child may vomit after feeding and become irritable.

How can I help my baby?

- If your baby/child is not feeding as normal offer feeds little and often. If the baby/child is breast fed, continue to feed on demand. If the baby/child is bottle fed consider dividing the usual feed volume into 2-3 smaller bottles, to offer more frequently.
- If your baby/child has a fever, you can give him or her paracetamol in the recommended doses. If your child is older than six months old you may also give ibuprofen.
- If your baby/child is already taking medicines or inhalers, you should carry on using these. If you find it difficult to get your baby/child to take them, ask your doctor for advice.
- Bronchiolitis is caused by a virus so antibiotics won't help.
- Make sure your baby/child is not exposed to tobacco smoke. Passive smoking can seriously damage your baby/child's health. It makes breathing problems like bronchiolitis worse.
- Remember smoke remains on your clothes even if you smoke outside.

How long does Bronchiolitis last?

- Most babies/children with bronchiolitis get better within about two weeks.
- Your baby/child can go back to nursery or day care as soon as he or she is well enough (that is feeding normally and with no difficulty in breathing.)
- There is usually no need to see your doctor if your baby/child is recovering well. But if you are worried about your baby/child's progress, contact NHS 111 or discuss this with your doctor.