

# Bronchiolitis Pathway

## Suspected Bronchiolitis





- Runny nose
- Coughing
- High temperature
- Wheezing
- Difficulty breathing
- Difficulty feeding
- Inspiratory crackles +/- wheeze

## Risk factors for severe disease

- Chronic lung disease
- Haemodynamically significant congenital heart disease
- Age < 12 weeks (corrected)
- Premature birth, particularly under 32 weeks
- Neuromuscular disorders
- Immunodeficiency
- Cigarette smoke exposure
- Duration of illness <3 days with amber symptoms (see assessment box)
- Re-attendance

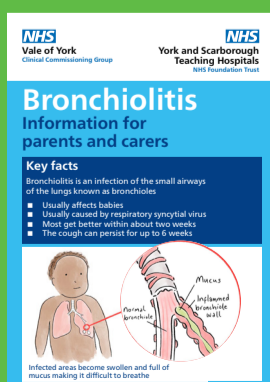
Do the symptoms and/or signs suggest an **immediately life threatening (high risk) illness?**

Consider differentials:  
Sepsis (temp >38°C)  
Cardiac (sweaty, clammy)

	Green – Low Risk	Amber – Intermediate Risk	Red – High Risk
 Activity	<ul style="list-style-type: none"> <li>• Responds normally to social cues</li> <li>• Content/smiles</li> <li>• Stays awake/awakens quickly</li> <li>• Strong normal cry</li> </ul>	<ul style="list-style-type: none"> <li>• Altered response to social cues</li> <li>• No smile</li> <li>• Reduced activity</li> </ul>	<ul style="list-style-type: none"> <li>• Not responding normally or no response to social cues</li> <li>• Unable to rouse or if roused does not stay awake</li> <li>• Weak, high pitched or continuous cry</li> <li>• Appears ill</li> </ul>
 Skin	<ul style="list-style-type: none"> <li>• Normal skin colour</li> <li>• CRT &lt;2 secs</li> </ul>	<ul style="list-style-type: none"> <li>• Normal skin colour</li> <li>• Pallor reported by parent/carer</li> <li>• Cool peripheries</li> </ul>	<ul style="list-style-type: none"> <li>• Pale, mottled, ashen</li> <li>• Cold extremities</li> <li>• CRT &gt;3 secs</li> </ul>
 Respiratory	<ul style="list-style-type: none"> <li>• No respiratory distress</li> <li>• &lt;12m: RR &lt;50bpm</li> <li>• 1-5y: RR &lt;40bpm</li> <li>• O<sub>2</sub> Sats: ≥95%</li> <li>• No chest recessions</li> <li>• No nasal flaring</li> </ul>	<ul style="list-style-type: none"> <li>• Tachypnoea</li> <li>• Moderate recessions</li> <li>• May have nasal flaring</li> <li>• &lt;12m: RR 50-60bpm</li> <li>• 1-5y: RR 40-60bpm</li> <li>• O<sub>2</sub> Sats: 92-94%</li> </ul>	<ul style="list-style-type: none"> <li>• Significant respiratory distress</li> <li>• Grunting</li> <li>• Apnoeas</li> <li>• Severe recessions</li> <li>• Nasal flaring</li> <li>• All ages: RR &gt;60bpm</li> <li>• O<sub>2</sub> Sats: ≤ 92%</li> </ul>
 Circulation	<ul style="list-style-type: none"> <li>• Tolerating 75% of fluid</li> <li>• Occasional cough induced vomiting</li> <li>• Moist mucous membranes</li> </ul>	<ul style="list-style-type: none"> <li>• 50-75% fluid intake over 3-4 feeds</li> <li>• Cough induced vomiting</li> <li>• Reduced urine output</li> </ul>	<ul style="list-style-type: none"> <li>• 50% or less fluid intake over 2-3 feeds</li> <li>• Cough induced vomiting frequently</li> <li>• Significantly reduced urine output</li> </ul>
		<ul style="list-style-type: none"> <li>• Parental anxiety</li> </ul>	

## GREEN ACTION

- Provide information
- Confirm they understand



## AMBER ACTION

Manage

- Same day review
- Consider booking into PATH

AND

If you feel the child is ill, needs O<sub>2</sub> or struggling with hydration discuss with paediatrician on-call

## RED ACTION

- Refer immediately to emergency care or paediatric unit – consider 999
- Commence stabilisation treatment
- Consider high flow oxygen