



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

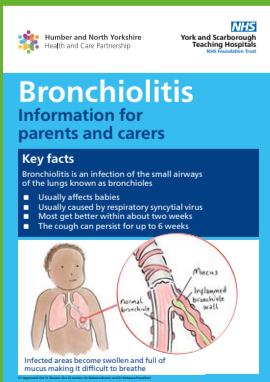
Do the symptoms and/or signs suggest an **immediately life threatening (high risk) illness?**

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"> • Responds normally to social cues • Content/smiles • Stays awake/awakens quickly • Strong normal cry 	<ul style="list-style-type: none"> • Altered response to social cues • No smile • Reduced activity 	<ul style="list-style-type: none"> • Not responding normally or no response to social cues • Unable to rouse or if roused does not stay awake • Weak, high pitched or continuous cry • Appears ill
 Skin	<ul style="list-style-type: none"> • Normal skin colour • CRT < 2 secs 	<ul style="list-style-type: none"> • Normal skin colour • Pallor reported by parent/carer • Cool peripheries 	<ul style="list-style-type: none"> • Pale, mottled, ashen • Cold extremities • CRT > 3 secs
 Respiratory	<ul style="list-style-type: none"> • No respiratory distress • <12m: RR < 50bpm • 1-5y: RR < 40bpm • O₂ Sats: ≥ 95% • No chest recessions • No nasal flaring 	<ul style="list-style-type: none"> • Tachypnoea • Moderate recessions • May have nasal flaring • <12m: RR 50-60bpm • 1-5y: RR 40-60bpm • O₂ Sats: 92-94% 	<ul style="list-style-type: none"> • Significant respiratory distress • Grunting • Apnoeas • Severe recessions • Nasal flaring • All ages: RR > 60bpm • O₂ Sats: ≤ 92%
 Circulation	<ul style="list-style-type: none"> • Tolerating 75% of fluid • Occasional cough induced vomiting • Moist mucous membranes 	<ul style="list-style-type: none"> • 50-75% fluid intake over 3-4 feeds • Cough induced vomiting • Reduced urine output 	<ul style="list-style-type: none"> • 50% or less fluid intake over 2-3 feeds • Cough induced vomiting frequently • Significantly reduced urine output
		• Parental anxiety	

GREEN ACTION

- Provide information
- Confirm they understand



AMBER ACTION

Manage

Same day review

AND

If you feel the child is ill, needs O₂ 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