



Pre-school Wheeze Pathway

Suspected Pre-school Wheeze

- Runny nose
- Coughing
- Mild fever
- Wheeze
- Difficulty breathing
- Difficulty feeding
- Sore tummy

Risk factors for severe disease

- Extremely low birth weight
- Prolonged NICU stay
- Congenital heart disease
- Previous severe attacks
- Attack in late afternoon, at night or early morning
- Representation within 1 month of acute episode
- Already on steroids
- Food allergy
- Psychosocial stressors

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

Consider differentials:
Pneumonia (pyrexia >38.5°C)
Croup
Bronchiolitis

	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: <40bpm • O₂ Sats: ≥95% • No chest recessions • No nasal flaring 	<ul style="list-style-type: none"> • Tachypnoea • Moderate recessions • May have nasal flaring • <12m: 50-60bpm • 1-5y: 40-60bpm • O₂ Sats: 92-94% 	<ul style="list-style-type: none"> • Significant respiratory distress • Grunting • Apnoeas • Severe recessions • Nasal flaring • All ages: >60mlb • O₂ Sats: ≤ 92%
Auscultation	<ul style="list-style-type: none"> • Good air entry • Mild-moderate wheeze 	<ul style="list-style-type: none"> • Decreased air entry with marked wheeze 	<ul style="list-style-type: none"> • Silent chest
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
		<ul style="list-style-type: none"> • Parental anxiety 	

GREEN ACTION

AMBER ACTION

If you feel the child is ill, needs O₂ or struggling with hydration discuss with paediatrician on-call

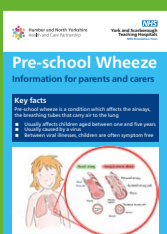
- Give 2-10 puffs of salbutamol via spacer with facemask
- Keep in waiting room for 30 mins

Improved

Not improved

Same day review

AND



- Provide information
- Confirm they understand



RED ACTION

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