Bronchiolitis Pathway and Assessment in Acute Settings for Children 0-2 years



This guidance is written in the following context

This assessment tool is based on NICE and SIGN guidance, which was arrived at after careful consideration of the evidence available. 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 them.



Initiate Resuscitation

Contact ED Consultant/Registrar **Resus Call** for Paediatric and Anaestetic Team

· Wakes only with prolonged stimulation • Weak, high pitched or continous cry

Pale/Mottled/Ashen blue

Immediate Paediatric Assessment

ED Consultant and/or Reg & Paediatric Registrar (Bleep)

Oxygen if O2 sats <92% or increased work of breathing

Fluids 2/3 maintainance Oral → ng → iv

O2 sats >95% support discharge Discontinued Oxygen Feeding >75% usual Consider Refer Community Children's Nursing

Glossary of Terms and Abbreviations

B/P	Blood Pressure	ED	Emergency Deprtament
CRT	Capillary Refill Time	GCS	Glasgow Coma Score
HR	Heart Rate	PEWS	Paediatric Early Warning Score
RR	Respiratory Rate	SATS	Saturation in Air

Where can I learn more about paediatric assessment?

Whilst all trusts and healthcare providers organise in-house training and have links to Universities, we also recommend signing up to the online and interactive learning tool Spotting the Sick Child.

Commissioned by the Department of Health to support health professionals in the assessment of the acutely sick child, Spotting the Sick Child guides you through learning resources focussed on developing your assessment skills. It is also CPD certified.



www.spottingthesickchild.com

Here's a big thank you to all those who supported this work

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Dear Colleague,

The West Sussex Children & Young Peoples Urgent Care Network would like to introduce you to the High Volume Pathway Assessment Tool for Bronchiolitis in Acute Settings for Children aged 0-2 years.

Established in 2010, the Network, supported by the NHS Institute for Innovation and Improvement has worked across organisations in and around West Sussex developing assessment tools for use in primary care and community settings as well within acute hospitals.

The work builds on a movement of rapid improvement programmes which have taken place across the NHS in England facilitated by the NHS Institute for Innovation and Improvement focussed on the most common illnesses and injuries. It is based on the concept that by focussing on a limited range of high volume pathways, the NHS can make the maximum impact on improving the guality and value of care for patients.

The local clinical group who played such an important role in creating these tools included clinical representatives from acute, community and primary care, all working towards three main objectives:

- To promote evidence-based assessment and management of unwell children & young people for the most common conditions when accessing local NHS services in an emergency or urgent scenario
- To **build consistency across West Sussex**, so all healthcare professionals understand the pathway same high standards regardless of where they present
- To support local healthcare professionals to share learning and expertise across organisations in order to drive continuous development of high quality urgent care pathways for children & young people.

These assessment tools are developed using both national guidance such as NICE and SIGN publications, along-side local policies and protocols, and have been subject to clinical scrutiny and an initial pilot. Whilst it is hoped that all healthcare professionals who work with children & young people along this pathway will acknowledge and embed the use of this guidance, it must be stressed that the guidance does not override the individual responsibility of the healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with them.

The tools will be subject to review and evaluation and all healthcare professionals are welcome to feedback on their experience of using the tools by contacting a colleague listed on the back page.

We hope these tools support you and your colleagues to provide ever improving high quality care for children & young people on the urgent and emergency care pathway.

Yours Sincerely

The Network



and can assess, manage and support children, young people and there families during the episode to the

