

First Name

Surname

Hospital No:

NHS No:

Bronchiolitis Care Pathway

Date of onset of symptoms:

Days since start of illness:

Symptoms at presentation

Coryza Cough Pyrexia Respiratory distress Apnoea

Normal Feeding Pattern

Breast feeds per day How long per feed?

Bottle feeds per day. Total volume per day: mls Per bottle: mls

Weaning

Feed taken in the last 24 hours:

Number of feeds:

Length of time to breast feed:

Volume

Total volume in the last 24hr

Vomiting:

Atopic history

Other features present

Significant previous history

Risk Factors

- Less than 6 weeks of age
- Known cardiac or respiratory condition
- Prematurity Gestation?
- Immunodeficiency

Consider additional family stressors which may warrant admission (eg family support)

Severity assessment

<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate/Severe	<input type="checkbox"/> Life threatening
Temp <38°C Feeding Adequately Respiratory Rate <50 Heart Rate <140 Saturations in air >94%	Temperature >38°C < 50% fluid intake Difficulty in Feeding Respiratory Rate >50 Heart rate >140 Saturation in air <95%	Lethargy or Agitated Apnoea episodes Respiratory Rate >70 Nasal Flaring Grunting Severe recession Saturation on Oxygen < 90% Cyanosis
Consider discharge if all true and no additional risk factors.	Admit if any present Define the management plan below.	Call for more senior medical assessment, requires immediate action

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Bronchiolitis Management Plan

Initial Management

Mild

- May be discharged with patient information leaflet
- Clear discussion of expected progress over the next week or two
- Explain possible signs of deterioration and action to be taken if they develop.

Moderate/Severe

- Agree frequency of vital sign observation
 - 2hrly
 - 1hrly
 - 30min
 - 15min
- Maintain Saturations above 92%
 - Mask
 - Nasal Prong
- If temp over 38°C or focal signs:
 - FBC
 - Blood Culture
 - Chest x-ray
 - CRP
 - Consider antibiotics
- Fluids:
 - Oral
 - Nasogastric
 - Intravenous

Fluid recommended for 24hr:

- Investigations performed
- NPA
 - RSV positive
 - RSV negative
 - ↳ Virology sent (STFT)
- CXR Indication:
 - Temp >38°C
 - Focal Signs
 - "Severe" Bronchiolitis

Life threatening

- Continuous saturation monitoring required
 - Cap Gas
- Maintain Saturations above 92%
- Fluids:
 - Nil by Mouth
 - Intravenous

Fluid Calculation for 24 hr

- Investigations:
 - FBC
 - Chest x-ray
 - Consider antibiotics
 - Blood Culture
 - CRP
- Consider antibiotics if bacterial infection possible
- Consider CPAP
- Consider admission to PICU:
 - Discussed with PICU:
 - Who phoned:
 - Who spoke to:
 - Date and time:

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Ongoing Assessment (Page:)

Date/ Time	Reason for Review	Days since onset	O ₂	Fluids/ Feeding	Suction	Obs	Inh	Notes & Action
	Ward Round Pt Triggered Nurse Record		Mask Nasal %: Flow:	Oral IV NG		HR RR SaO ₂ (O ₂) SaO ₂ (air) Temp	Salb Ipra	
	Ward Round Pt Triggered Nurse Record		Mask Nasal %: Flow:	Oral IV NG		HR RR SaO ₂ (O ₂) SaO ₂ (air) Temp	Salb Ipra	
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	Ward Round Pt Triggered Nurse Record		Mask Nasal %: Flow:	Oral IV NG		HR RR SaO ₂ (O ₂) SaO ₂ (air) Temp	Salb Ipra	

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Bronchiolitis Discharge Form

Patient Details

(Addressograph if available)

Full Name:

Date of Birth

Hospital Number:

NHS Number:

Hospital Details

Hospital:

- Queen Elizabeth Hospital, Gateshead
- South Tyneside General Hospital, South Tyneside
- Sunderland Royal Infirmary, Sunderland

Hospital Number:

Consultant:

GP Practice Details

GP

Practice

Admission Details

Date of Admission:

Date of Discharge:

Discharge Diagnosis:

- RSV+ve Bronchiolitis [ICD: J21.0 Read Code: H0616]
- RSV-ve Bronchiolitis [ICD: J218 Read Code: H061z]

In hospital Treatment

- Ventilation [OPCS4.4: E85.1 Read Code: 8721]
- CPAP [OPCS4.4: E85.2 Read Code: 8724]
- Tube Feeding [OPCS4.4: none Read Code: 8C44]
- Oxygen [OPCS4.4: none Read Code: none]
- iv Fluids Given [OPCS4.4: none Read Code: none]

Discharge Medication:

- None
- Specify:

Patient Information Leaflet given and discussed [version number:]

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Continuing home support

GP Practice

What support requested:

Who contacted:

Action agreed:

Community Children's Nursing Team

What support requested:

Who contacted:

Action agreed:

Open Access

Period

Criteria for return

Follow up

GP

When?

For what reason?

Hospital

When?

Who?

No specific follow up required

Information for Parents

Signed:

Name:

Designation