Name: Date of Birth:

Suspected Bronchiolitis Community Assessment Document

Date Document Started:	~[Today]		
Hospital Number:			

Hospital Number:	
Named Consultant:	Named Nurse:

Basic Demographic Data

Dasic De	illograpilic Data								
Patient Details									
NHS No. ~[NHS Number]			Gender ~[Sex]						
Surname	~[Surname]	Forename	~[Forename]	Title ~[Title]					
Previous surname	~[Previous Name]	Date of Birth	~[Date Of Birth]	Age ~[Patients Age]					
Address	~[Patient Address I ~[Patient Address I ~[Patient Address I ~[Patient Address I ~[Post Code]	ine 2] ine 3]	Home tel. No ~[Telephone Number						
Next of Kir	n Details		Interpreter/Language Details:						
~[Next Of Kin Details] Home: Numbe Work: Numbe		~[Nok Work er] e: ~[Nok Mobile	Interpreter required Language?	~[Free Text:Is an interpreter required? Y/N If yes, which language?]					
Other Info	rmation								
Religion ~[Religion]			School /Nursery Attended:						
Ethnicity	~[Eth	nicity]							

Family Details

Name	Relationship	Age	Health

Practice Details

Registered GP Referring GP Practice Code Tel. No	~[Registered Doctor] ~[Free Text:Referring Doctor] ~[Practice Code] ~[Surgery Tel No.]	Practice address	~[Surgery Address Line 1] ~[Surgery Address Line 2] ~[Surgery Address Line 3] ~[Surgery Address Line 4] ~[Surgery Address Line 5]					
Health Visitor/School Nurse: Base								

Signed: Date:		
	GP	Admitting Nurse

Name: Date of Birth:

Other Relevant Medical Information:

Past Medical History

~[Active Problems:AS~AM~PS~FT]

Birth History (if relevant)

- ~[ReadCode:62X~5Y~~R~Coded Data|Date|Free Text~0]
- ~[ReadCode:631Z~5Y~~R~Coded Data|Date|Free Text~0]
- ~[ReadCode:14Y~5Y~~R~Coded Data|Date|Free Text~0]
- ~[Free Text:Any antenatal birth postnatal problems?]

Medication

~[Medication]

Allergies

~[Allergies]

X-Ray/Scan/Blood Test Results

- ~[ReadCode:3~6M~~R~Coded Data|Date|Free Text~1]
- ~[ReadCode:4~6M~~R~Coded Data|Date|Free Text~1]
- ~[ReadCode:5~6M~~R~Coded Data|Date|Free Text~1]
- ~[ReadCode:246~6M~~R~Coded Data|Date|Free Text~1]
- ~[ReadCode:137~6M~~R~Coded Data|Date|Free Text~1]

Weight

~[ReadCode:22A~~~R~Date|Coded Data~1]

Immunisations

~[Immunisations]

Social and Family History

~[Free Text:Relevant Family and Social History]

GP Signature

Name: Date of Birth:

[GP, A&E, WIC, MIU to complete at each presentation]

Primary Care Contact Notes Complete Serial Observation Chart at Each Contact

First Contact	
Usual Feeding Pattern and Daily Quantity:	
Date symptoms started:	
Consultation Notes	
~[Consultations:1]	
☐ Patient information Leaflet Given & Discussed ☐ Specify advice given on how to recognise deteriorat	tion, action to be taken and contact details
Signed:	Date:
Subsequent Contacts	

SEVERITY ASSESSMENT							
SEVERE Any feature present Call 999 & Give Oxygen if available	MODERATE Any feature present Admit for assessment	MILD All features must be present Can be managed at home					
 Apnoea (pauses in breathing for more than 10 seconds) Cyanosis Lethargy or Exhaustion (very anxious child, breathing rapidly, sweating, losing consciousness) Respiratory rate over 70 Severe chest wall recession Presence of nasal flaring and or grunting Oxygen saturation less than 90% 	Uncertainty about diagnosis Poor feeding (less 50% of normal fluid intake in the previous 24 hours) Respiratory rate over 50 breaths per minute Oxygen saturation <95% Pyrexia over 38'C (Possibility of secondary bacterial infection) Intercostal or subcostal recession	 Child older than 6 weeks Temperature ≤38C Feeding Adequately (more than 50% of normal daily intake in last 24 hours) Respiratory Rate <50 breaths per minute Heart Rate <140 beats per minute No other family stressors 					

Name: DOB:

Bronchiolitis Community Observation Sheet

		Initial Contact	Subsequent Contacts									
Date/Time	Example 25/12/08 11:52											
HR	125											
RR	45											
Temp	37.7											
Saturation	96%											
Feeds since last assessment & volume expected	120ml taken, normally 180ml											
Severity (use assessment tool)	Mild	Mild	Mild	Mild	Mild	Mild	Mild	Mild	Mild	Mild	Mild	Mild
(001)	Mod Severe	Mod Severe	Mod Severe	Mod Severe	Mod Severe	Mod Severe	Mod Severe	Mod Severe	Mod Severe	Mod Severe	Mod Severe	Mod Severe
Signature												
Name												