# **Bronchiolitis Pathway and Assessment in Primary** Care and Community Settings for Children 0-2 years



999 Transfer Do the symptoms and/or signs suggest **Suspected Bronchiolitis? Patient Presents** Yes an immediately life threatening illness? **Refer immediately** to emergency care by 999 ambulance, stay with child whilst waiting Snuffly Nose Chesty Cough Poor feeding Vomiting and give High-Flow Oxygen support · Increased work of breathing Pvrexia Consider differential diagnosis if: Head bobbing Cyanosis temp > 39°C or unusual features of illness Bronchiolitis Season Inspiratory crackles +/- wheeze Green - low risk Amber - intermediate risk Red - high risk **Behaviour**  Alert · Reduced response to social cues Unable to rouse · Wakes only with prolonged stimulation Normal Decreased activity No response to social cues Weak, high pitched or continous cry Appears ill to a healthcare professional Skin CRT < 2 secs</li> · Moist mucous membranes Pale/mottled CRT over 3 secs • Pale/Mottled/Ashen blue Normal colour skin, lips and tongue Pallor colour reported by parent/carer Cool peripheries Cyanotic lips and tongue Under 12mths <50 breaths/minute</li>
 Over 12mths <40 breaths/minute</li> **Respiratory Rate**  Under 12mths 50-60 breaths/minute All ages >60 breaths/minute No respiratory distress Over 12mths 40-60 breaths/minute Respiratory distress SATS in air 95% or above • 92-94% • <92% **Chest Recession** • None Moderate Severe **Nasal Flaring**  Absent Present May be present Grunting Absent Absent · Normal - Tolerating 75% of fluid <50% fluid intake over 2-3 feeds / 12 hours Feeding 50-75% fluid intake over 3-4 feeds Occasional cough induced vomiting Significantly reduced urine output Hydration Reduced urine output Absent Absent Present for 10-15 secs or shorter if accompanied by a sudden de-**Apnoeas** crease in saturation/central cyanosis or bradycardia Other Social Circumstance Pre-existing lung condition Immunocompromised Congenital Heart Disease Age <6 weeks (corrected)</li> Re-attendance Prematurity Neuromuscular weakness All green, no amber or red Any amber Any red Also think about... Urgent Assessment All professionals should be aware of the fact that if signs and symptoms have been present for less than 3 days, the condition is likely to get worse. Refer the child for an urgent assessment. This must be in a face-to-face setting within 2 hours with a paediatric clinician and send relevant documentation. Provide discharge advice Consider calling the 'Amber' Line Commence relevant treatment to stabilse for transfer. Refer Provide appropriate and clear guidance to the Consider seeking 'Amberline' telephone advice from designated Consider High-Flow Oxygen support. parent/carer and refer them to the discharge paediatrician as per local practice (Local Trust Numbers overleaf) advice sheet. Management Plan Confirm they are comfortable with the decisions and advice given, then discharge. Provide the parent/carer with a safety net: use the advice sheet and advise on signs **+** Local Hospital and symptoms and changes and signpost as to where to go should things change

Arrange any required follow up or review and send any relevant documentation

# **Supporting Information**

## **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

#### 'Amber' line contact numbers

Western Sussex Hospitals NHS Trust St Richards 01243 788122 Worthing 01903 205111 Surrey and Sussex Healthcare NHS Trust
East Surrey Redhill 01737 768511

Brighton and Sussex University Hospitals NHS Trust

Royal Alexandra 01273 696955

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

Aaron Gain
Amanda Wood
Carole Perry
Carolyn Phillips
Catherine Holroyd
Chris Morris
Christine McDermott
Claire O'Callaghan
Clare Lyons Amos
Denise Matthams
Dr Amit Bhargava
Dr Ann Corkery
Dr Debbie Pullen

Dr Farhana Damda
Dr Fiona Weir
Dr Helen Milne
Dr Neeshima Jain
Dr Kamal Khoobarry
Dr Kate Andrews
Dr Mwape Kabole
Dr Oli Rahman
Dr Palla Prabhakara
Dr Stuart Nicholls
Dr Tim Fooks
Dr Tim Taylor

Dr Venkat Reddy

Dr Mike Linney
Fiona Mackison
Fiona Wookey
Jane Mulcahy
Jeannie Baumann
Joanne Farrell
Karen Hearnden
Kath Evans
Kathy Walker
Kim Morgan
Lois Pendlebury
Lorraine Mulroney
Matthew White

Melissa Hancorn Moira Gardiner Patricia Breach Rebecca C 'Aileta Rosie Courtney Rosie Rowlands Sarah West Sue Pumphrey Wang Cheung



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 Primary Care and Community 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 quality 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 and can assess, manage and support children, young people and there families during the episode to the 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.



