

# Clinical Assessment Tool for Babies/Children with Suspected Bronchiolitis

## Management in Primary Care



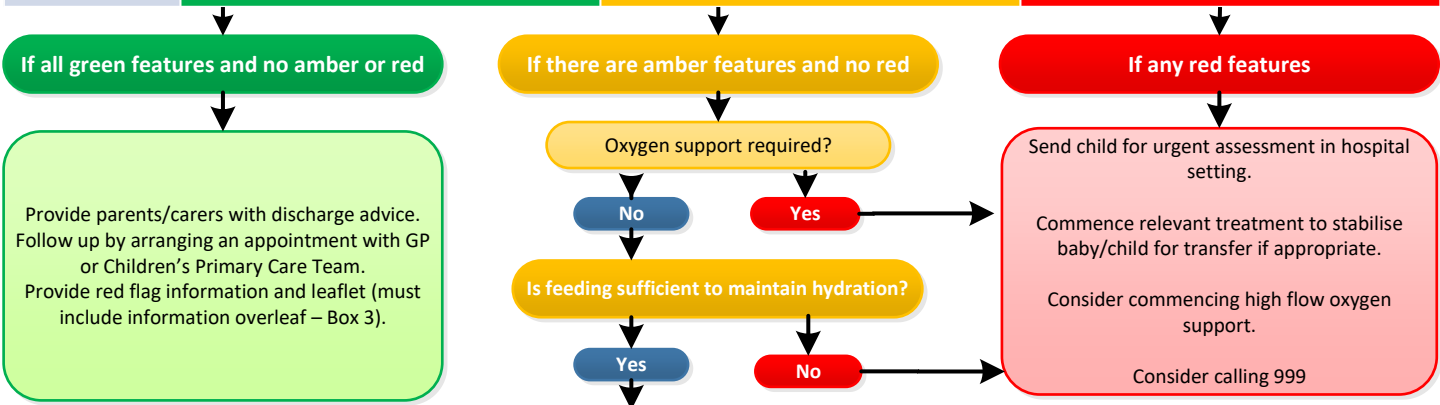
- Box 1 Signs and Symptoms can include:**
- Runny nose
  - Cough
  - Poor Feeding
  - Vomiting
  - Pyrexia
  - Respiratory distress
  - Apnoea
  - Inspiratory crackles +/- wheeze
  - Cyanosis

- Assess clinical signs and symptoms
- Assess Risk factors
- Look for life threatening signs and symptoms
- Utilise AccuRx for its video-consultation and patient questionnaire functionalities
- If the patient has had any close contact with a confirmed COVID positive person, please remember the child can be seen at the Hot Hub for any symptoms that do need to be assessed face to face.
- Undertake pulse oximetry for all children seen face to face
- See Boxes 1 and 2

- Box 2 Risk Factors:**
- Clinical
- Pre existing lung disease, congenital heart disease, neuromuscular weakness, immune-incompetence
  - Age <3 months (corrected)
  - Prematurity (less than 35 weeks)
  - Re-attendance
  - If any amber criteria met and <3 days of illness since onset- consider admission
- Social
- Skill and confidence of the carer looking after the child
  - Confidence in being able to spot red flag symptoms
  - Distance to healthcare in case of deterioration

**Assess severity (treat according to category of most severe signs and symptoms).  
If amber or children show risk factors (as per Box 2), strongly recommend face to face consultation.**

	Green - Moderate	Amber - Severe	Red – Life Threatening
Behaviour	Alert Normal	Irritable Not responding normally to social cues Decreased activities No smile	Unable to rouse Wakes only with prolonged stimulation Weak, high pitched or continuous cry Appears ill to a healthcare professional
Skin	CRT < 2 secs Normal colour skin, lips and tongue Moist mucous membranes	CRT 2-3 secs Pale / mottled Pallor colour reported by parent / carer Cool peripheries	CRT > 3 secs Pale / mottled / ashen blue cyanotic lips and tongue
Respiratory Rate	< 12months < 50 breaths / min >12 months < 40 breaths / min No respiratory distress	Tachypnoea < 12 months 50-60 / breaths min > 12 months 40-60 breaths / min	Tachypnoea All ages > 60 breaths / min
SpO <sub>2</sub> in air*	95% or above	92-94%	<92%
Chest recession	None	Moderate	Severe
Nasal flaring	Absent	May be present	Present
Grunting	Absent	Absent	Present
Feeding / hydration	Normal Tolerating 75% of fluid Occasional cough induced vomiting	50-75% fluid intake over 3-4 feeds + / - vomiting Reduced urine output	< 50% fluid intake over 2-3 feeds + / - vomiting Significantly reduced urine output
Apnoeas	Absent	Absent	Yes
Other		Presence of High Risk Factors (box 2)	



NICE guidelines are clear that inhalers or nebulisers are not effective in cases of bronchiolitis. Consider referral to hospital according to clinical and social circumstance and risk factors. If further advice is required by a paediatric professional bleep the Paediatrician on call on 01908 660033. Provide a safety net for the parents/carers by using one or more of the following:

- Provide red flag information and leaflet (must include information overleaf - Box 3)
- Arrange appropriate follow up - refer to local services
- Liaise with other professionals to ensure parent/carer has direct access to further assessment
- Consider the need to follow up this child within 4 hours - consider referral to Children's Primary Care Team

### Box 3: Information for parents

#### Information to give to parent/carer:

How to recognise developing red flag symptoms:

- worsening work of breathing (for example grunting, nasal flaring, marked chest recession)
- drinking less than 50-75% of normal and/or no wet nappy for 12 hours
- apnoea or cyanosis
- exhaustion (for example not responding normally to social cues, wakes up only with prolonged stimulation)

Ensure patient/carer has name and contact number of GP/Practice Nurse/relevant healthcare professional

MK Urgent Care Service – Open 24/7, based at MK Hospital Campus, Standing Way, Eaglestone, Milton Keynes, MK6 5NG

NHS 111

Bronchiolitis patient information leaflet – supported by verbal advice

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This guidance has been produced by Primary Care and consultant clinicians across Bedfordshire, Luton and Milton Keynes, and is written in the following context:

This assessment tool was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, Bristol guideline, EBM data and NHS evidence. Healthcare professionals are expected to take it fully into account when exercising 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 the patient and/or guardian or carer. Issue date: Oct 2023