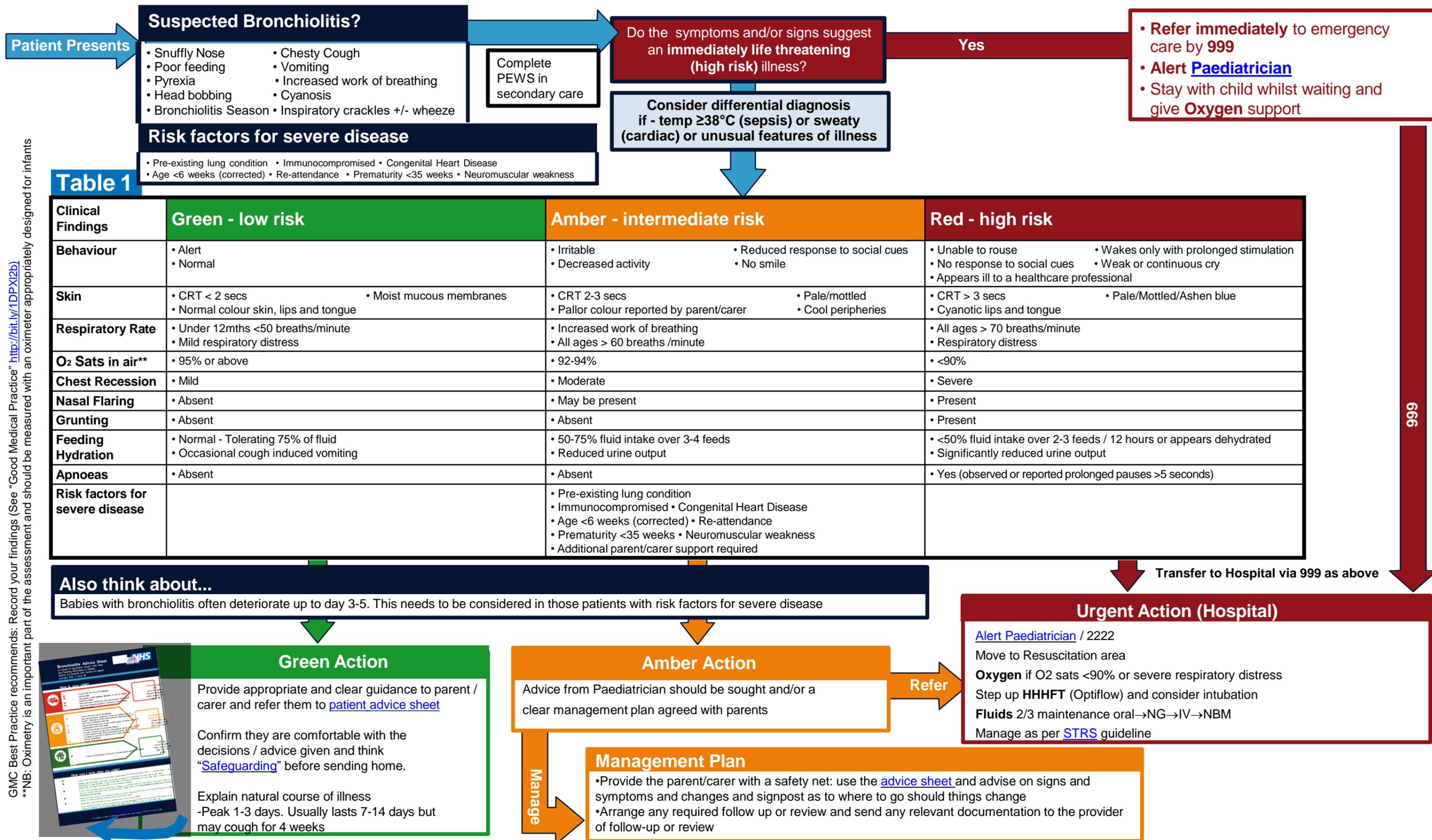


Bronchiolitis Pathway

Clinical Assessment / Management Tool for Children Younger than 1 year old with suspected Bronchiolitis



Management – Combined Acute and Primary Care



GMC Best Practice recommends: Record your findings (See "Good Medical Practice" <http://bit.ly/1DPXI2b>)
**NB: Oximetry is an important part of the assessment and should be measured with an oximeter appropriately designed for infants

First Draft Version: Oct 2022 Review Date: Oct 2025.

Bronchiolitis Pathway

Clinical Assessment / Management Tool for Children Younger than 1 year old with suspected Bronchiolitis



Management – Combined Acute and Primary Care

Glossary of Terms	
ABC	Airways, Breathing, Circulation
APLS	Advanced Paediatric Life Support
AVPU	Alert Voice Pain Unresponsive
B/P	Blood Pressure
CPD	Continuous Professional Development
CRT	Capillary Refill Time
ED	Hospital Emergency Department
GCS	Glasgow Coma Scale
HR	Heart Rate
MOI	Mechanism of Injury
PEWS	Paediatric Early Warning Score
RR	Respiratory Rate
WBC	White Blood Cell Count

Normal Values
Respiratory Rate at rest [breath/min] Birth-2m 25-50 3m-5m 25-45 6m-17m 20-40 18m-2yrs 20-34
Heart Rate [beat/min] Birth-2m 120-170 3m-5m 115-160 6m-17m 110-160 18m-2yrs 100-155
Ref: Advanced Paediatric Life Support 6th Edition. Advanced Life Support group Wiley Blackwell/2015 BMJ Books

The following treatments are NOT recommended for infants with acute bronchiolitis

- Chest physiotherapy using vibration and percussion
- Nebulised Ribavirin
- Antibiotic therapy
- Nebulised Epinephrine
- Inhaled corticosteroids
- Inhaled beta 2 agonist bronchodilators (may work if atopic background)
- Nebulised Ipratropium Bromide
- Oral systemic corticosteroids