Bronchiolitis Pathway

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





Management – Combined Acute and Primary Care

Patient Presents

Suspected Bronchiolitis?

- Snuffly Nose
- Poor feeding Vomiting
- Pyrexia
- Increased work of breathing Cyanosis

Risk factors for severe disease

- Head bobbing
- Bronchiolitis Season Inspiratory crackles +/- wheeze

Chesty Cough

Complete PEWS in secondary care Do the symptoms and/or signs suggest an immediately life threatening (high risk) illness?

Consider differential diagnosis if - temp ≥38°C (sepsis) or sweaty (cardiac) or unusual features of illness Yes

- **Refer immediately** to emergency care by **999**
- **Alert Paediatrician**
- Stay with child whilst waiting and give **Oxygen** support

designed for infants

commends: Romportant part

Pre-existing lung condition
Immunocompromised
Congenital Heart Disease

· Age <6 weeks (corrected) · Re-attendance · Prematurity <35 weeks · Neuromuscular weakness

Table 1

Clinical **Green - low risk** Red - high risk Amber - intermediate risk **Findings** Unable to rouse Wakes only with prolonged stimulation Behaviour Reduced response to social cues Normal Decreased activity No response to social cues · Weak or continuous cry No smile Appears ill to a healthcare professional Skin CRT < 2 secs · CRT 2-3 secs · CRT > 3 secs · Moist mucous membranes Pale/mottled • 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 Increased work of breathing All ages > 70 breaths/minute Respiratory Rate Mild respiratory distress All ages > 60 breaths /minute Respiratory distress O₂ Sats in air** • 95% or above 92-94% <90% Mild Chest Recession Moderate Severe **Nasal Flaring** Absent May be present Present Absent Grunting Absent Present Normal - Tolerating 75% of fluid Feedina 50-75% fluid intake over 3-4 feeds <50% fluid intake over 2-3 feeds / 12 hours or appears dehydrated Hydration Occasional cough induced vomiting Reduced urine output Significantly reduced urine output Absent Yes (observed or reported prolonged pauses >5 seconds) **Apnoeas** Risk factors for Pre-existing lung condition Immunocompromised • Congenital Heart Disease severe disease Age <6 weeks (corrected) • Re-attendance Prematurity <35 weeks
Neuromuscular weakness

Also think about...

Babies with bronchiolitis often deteriorate up to day 3-5. This needs to be considered in those patients with risk factors for severe disease



Green Action

Provide appropriate and clear guidance to parent / carer and refer them to patient advice sheet

Confirm they are comfortable with the decisions / advice given and think Safeguarding" before sending home.

Explain natural course of illness -Peak 1-3 days. Usually lasts 7-14 days but may cough for 4 weeks

Amber Action

Advice from Paediatrician should be sought and/or a clear management plan agreed with parents

Additional parent/carer support required

Refer

Urgent Action (Hospital)

Transfer to Hospital via 999 as above

Alert Paediatrician / 2222

Move to Resuscitation area

Oxygen if O2 sats <90% or severe respiratory distress

Step up HHHFT (Optiflow) and consider intubation

Fluids 2/3 maintenance oral→NG→IV→NBM

Manage as per **STRS** guideline

Management Plan

•Provide the parent/carer with a safety net: use the advice sheet and advise on signs 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 to the provider of follow-up or review

Oct 2025.

This guidance has been reviewed and adapted by healthcare professionals across SWL with consen from the Hampshire development groups

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