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
- Chesty Cough Vomiting
- Pyrexia
- Increased work of breathing
- Head bobbing
- Cyanosis
- Bronchiolitis Season Inspiratory crackles +/- wheeze

Risk factors for severe disease

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

 Pre-existing lung condition
 Immunocompromised
 Congenital Heart Disease • Age <6 weeks (corrected) • Re-attendance • Prematurity <35 weeks • Neuromuscular weakness

Best Practice recommends: Record your findings (See "Good Medical Practice"
Oximetry is an important part of the assessment and should be measured with an oximeter appropriately designed for infants

Table 1								
Clinical Findings	Green - low risk	Amber - intermediate risk	Red - high risk					
Behaviour	Alert Normal	Reduced response to social cues Decreased activity No smile	Unable to rouse Wakes only with prolonged stimulation No response to social cues Weak or continuous cry Appears ill to a healthcare professional					
Skin	CRT < 2 secs Moist mucous membranes Normal colour skin, lips and tongue	• CRT 2-3 secs • Pallor colour reported by parent/carer • Cool peripheries	• CRT > 3 secs • Pale/Mottled/Ashen blue • Cyanotic lips and tongue					
Respiratory Rate	Under 12mths <50 breaths/minute Mild respiratory distress	Increased work of breathing All ages > 60 breaths /minute	All ages > 70 breaths/minute Respiratory distress					
O ₂ Sats in air**	• 95% or above	• 92-94%	• <90%					
Chest Recession	• Mild	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 Reduced urine output	 <50% fluid intake over 2-3 feeds / 12 hours or appears dehydrated Significantly reduced urine output 					
Apnoeas	Absent	• Absent	Yes (observed or reported prolonged pauses >5 seconds)					
Risk factors for severe disease		Pre-existing lung condition Immunocompromised Congenital Heart 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

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Glossary o	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					

The following treatments are NOT recommended for infants with acute bronchiolitis

- Chest physiotherapy using vibration and percussion
- Nebulised Ribavirin
- Antibiotic therapy
- Nebulised EpinephrineInhaled corticosteroids

- Inhaled beta 2 agonist bronchodilators (may work if atopic background)
- Nebulised Ipratropium
 Bromide
- Oral systemic corticosteroids

	Guide weight (kg)	RR At rest Breaths per minute 5 th - 95 th centile	HR Beats per minute 5**-95** centile	BP systolic		
Age				5th centile	50 th centile	95th centile
Birth	3.5	25-50	120-170	65-75	80-90	105
1 month	4	25-50	120-170	65-75	80-90	105
3 months	5	25-45	115-160	65-75	80-90	105
6 months	8	20-40	110-160	65-75	80-90	105
12 months	10	20-40	110-160	70-75	85-95	105
2 years	12	20-30	100-150	70-80	85-100	110
3 years	14	20-30	90-140	70-80	85-100	110
4 years	16	20-30	80-135	80-90	85-100	110
5 years	18	20-30	80-135	80-90	90-110	110-120
6 years	20	20-30	80-130	80-90	90-110	110-120
7 years	23	20-30	80-130	80-90	90-110	110-120
8 years	24	15-25	70-120	80-90	90-110	110-120
9 years	28	15-25	70-120	80-90	90-110	110-120
10 years	30	15-25	70-120	80-90	90-110	110-120
11 years	35	15-25	70-120	80-90	90-110	110-120
12 years	40	12-24	65-115	90-105	100-120	125-140
14 years	50	12-24	60-110	90-105	100-120	125-140
Adult	70	12-24	60-110	90-105	100-120	125-140

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