

## BRONCHIOLITIS initial assessment

Diagnosis: <2 years, cough, tachypnoea and or chest recession, wheeze and/or crackles  
(If fulfils criteria consider **sepsis as per feverish child policy** OR if sweaty consider a **cardiac condition**)

### MILD

Sats >92% in air  
Mild recession  
RR < 60  
Tolerating >75% feed  
Alert and active  
Well hydrated

### MODERATE/SEVERE

Sats 88-92% in air  
Moderate/severe increased WOB, recession, grunting  
RR > 60  
Moderate tachycardia  
Tolerating <75% feed  
Prolonged feeding >25 mins  
Severe prolonged coughing  
Persistent vomiting/vomiting after feeding  
Irritable  
Pallor

### LIFE THREATENING DISEASE:

Sats <88% in air  
Apnoeas  
RR > 70  
Exhaustion  
Blue/grey/mottled

**IMMEDIATE SENIOR REVIEW**  
Assess for respiratory support &  
IV fluids resuscitation  
IV antibiotics

### Risk Factors for severe disease:

- Chronic lung disease
- Congenital heart disease
- Age <6 weeks
- Prematurity <35/40
- Neuromuscular disorders
- Immunocompromised
- Admission requiring Oxygen in last 6/52
- Reattender

NO

### Admit to WARD

- Oxygen as per BRONCHIOLITIS MANAGEMENT SUMMARY
- Consider NG early
- Observe for deterioration and escalate to senior

YES

### Admit to CHOBs

- Observe for 6-8 hours including feed and sleep
- Admit to ward if deteriorating, escalate to senior

### Discharge Criteria:

- Sats >90% (having been monitored on ward) OR Sats >92% if risk factors for severe disease
- Temp <38.5 (<38 in children <3months)
- Taking 100ml/kg/day
- RR <60 bpm (<1 year old) or <50 bpm (≥1 year old)
- HR <150 bpm

YES

Discharge with safety net advice & Bronchiolitis advice leaflet

Consider referral to CCNOT

Isolate, strict handwashing  
If no cubicle available contact infection control

### Do NOT routinely manage infants with bronchiolitis using:

Blood gases, CRP, CXR, hypertonic saline, inhaled salbutamol/ipratropium/adrenaline or antibiotics