

**ACUTE MANAGEMENT OF INFANTS AND CHILDREN WITH
ACUTE BRONCHIOLITIS**

This PCP relates to
NSW Health PD

*NSW PD2005_387 Children and Infants with
Bronchiolitis - Acute Management*

PCP number

*NSW PD2005_387: PCP 5 Acute management of
infants and children with acute bronchiolitis*

Sites where PCP applies	Bulahdelah Community Hospital - Emergency Department (ED)
Target audience	Clinicians in ED where infants present with shortness of breath, wheezing and respiratory distress.
Description	Basic clinical practice guidelines for the treatment of infants and children with bronchiolitis.
Subject	Acute management of bronchiolitis in children and infants
Keywords	Acute management bronchiolitis children infants
Replaces existing PCP?	No
Document name and/or number of superseded document/s	

Related Legislation (including OHS legislation), Australian Standards, NSW Health Policy or Circular, other HNEH Documents, Professional Guidelines, Codes of Practice or Ethics:

NSW Health Paediatric Clinical Practice Guidelines

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Summary

- This PCP is a guideline in the assessment of the severity and management of bronchiolitis in infants and children.
- This PCP provides guidelines on appropriate transfer/retrieval based on clinical assessment and response to treatment or discharge planning
- PCP includes: fact sheet for parent information.

Distribution:	General Manager, DON, Paediatrician, NUM ED, ED Physician, Director of Medical Services CYP&FCN Stream Leaders
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Hunter New England Area Health Service

Bulahdelah Community Hospital

PAEDIATRIC BRONCHIOLITIS MANAGEMENT

Surname _____ Sex _____

Given Names _____

DOB _____ MRN _____
AFFIX PT LABEL HERE

Evidence of Ineffective Respiration:

Apply 100% oxygen via bag and mask with positive pressure Ventilation (PPV)

Find most experienced person available to intubate child urgently, and maintain PPV with PEEP

Call NETS 1300 362 500

ALERT

Manage as for acute bronchiolitis if child is < 12 months and has any of the following: cough, coryza, resp distress, crackles, wheeze, hyperinflation with or without fever and consider at risk of deterioration if presenting within first 3 days of illness. Consider other diagnoses (eg. Heart failure, pneumonia, bronchial foreign body, pertussis)

At risk of more serious disease if < 3 months, pre-term/small for dates, heart disease or chronic lung disease- Consult paediatrician: **All Children < 6 weeks of age to be transferred to a higher level facility**

INITIAL ASSESSMENT

SYMPTOMS	MILD	MODERATE	SEVERE
Accessory Muscle use	<input type="checkbox"/> Minimal	<input type="checkbox"/> Present	<input type="checkbox"/> Marked, at rest
Respiratory Rate	<input type="checkbox"/> Normal for age	<input type="checkbox"/> Increased	<input type="checkbox"/> Markedly increased or decreased
Apnoea	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Cyanosis	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes, or pallor
Pulse Rate	<input type="checkbox"/> Normal for age	<input type="checkbox"/> Tachycardic	<input type="checkbox"/> Extreme tachycardia or bradycardia
Feeding	<input type="checkbox"/> Normal	<input type="checkbox"/> Reduced or having difficulties	<input type="checkbox"/> Unable to feed

Severity Score Mild Moderate Severe
Print Name _____ Signed: _____ Medical Officer/ Nurse

INITIAL MANAGEMENT

MILD <input type="checkbox"/>	MODERATE <input type="checkbox"/>	SEVERE CALL SENIOR MEDICAL OFFICER IMMEDIATELY <input type="checkbox"/>
Nasal hygiene	Oxygen to maintain sats >94% Nasal hygiene	Give 100% mask / head box oxygen May need nasal CPAP or intubation
Oral feeds if tolerated Observe for satisfactory feeding	Oral feeds if tolerated. If not tolerating oral feeds- IV therapy as per paediatric fluid regime If IV- UEC, venous/capillary blood gases, CRP if T> 38°C	NBM, IV fluids As per paediatric fluid regime. Contact Paediatrician IV-UEC, venous/capillary blood gases, CRP if T> 38°C
Nasopharyngeal aspirate-NIL	Nasopharyngeal aspirate	Nasopharyngeal aspirate
Parental explanation & give bronchiolitis parent fact sheet	Continuous heart rate & oximetry monitoring Close observation for signs & symptoms of deterioration. If deteriorates treat as severe	Continuous heart rate, respiratory & oximetry monitoring Close observation for signs & symptoms of deterioration..
Ensure parents are able to access help & have transport Discharge home when sats ≥ 93% on room air – during & after test feed Follow up with LMO- discharge letter , Parent fact sheet	Transfer to a higher level facility Bronchiolitis fact sheet to parents	Consider transfer via NETS Consider intubation OR transfer to a higher level facility Check CXR, NPA, RSV & other viruses. Parent fact sheet

- **Do Not** order bronchodilators (except as an observed test dose)
- **Do Not** order corticosteroids, unless asthma is likely