

**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 3 Acute management of
infants and children with acute bronchiolitis*

Sites where PCP applies

Manning 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superseded document/s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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PCP authorised by:

Professor Trish Davidson - Clinical Leader CYP&FCN

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Hunter New England Area Health Service

Manning 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 admitted

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

		CALL PAEDIATRICIAN 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- Contact Paediatrician for fluid management If IV -UEC, venous/capillary blood gases, CRP if T> 38°C	NBM, IV fluids. 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	Admit to ward Bronchiolitis fact sheet to parents	Check CXR, NPA, RSV & other viruses. Consider transfer via NETS Consider intubation OR Admit to ward Parent fact sheet

- **Do Not** order bronchodilators (except as an observed test dose > 6mths)
- **Do Not** order corticosteroids, unless asthma is likely