

<p>Policy Compliance Procedure</p>
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## ACUTE MANAGEMENT OF INFANTS AND CHILDREN WITH ACUTE BRONCHIOLITIS

*This PCP relates to*

NSW Health PD	<i>NSW PD2005_387 Children and Infants with Bronchiolitis - Acute Management</i>
PCP number	<i>NSW PD2005_387: PCP1 Acute management of infants and children with acute bronchiolitis</i>

Sites where PCP applies	Hunter New England (HNE) Northern Rural Referral Hospitals Emergency Departments (ED)
Target audience	Clinicians in ED where infants present with shortness of breath and wheezing.
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
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 clinical pathway for use in the assessment of the severity and management of bronchiolitis in infants and children,
- provides guidelines on appropriate disposition, transfer/retrieval based on clinical assessment and response to treatment,
- PCP includes relevant fact sheet for parent information.

<b>Distribution:</b>	GENERAL MANAGER, DON, PAEDIATRICIAN, NUM ED, ED PHYSICIAN, DIRECTOR OF MEDICAL SERVICES CHILDREN YOUNG PEOPLE & FAMILY CLINICAL NETWORK STREAM LEADERS
<b>Date PCP authorised:</b>	April 2007
<b>PCP authorised by:</b>	Trish Davidson, Area Director, Kaleidoscope
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<b>PCP Review Due Date:</b>	April 2009
<b>TRIM Number:</b>	08/207-1-2

Hunter New England Area Health Service  
**MANAGEMENT OF BRONCHIOLITIS**  
**CHILDREN < 12 MONTHS**  
 Referral Hospital

Name:	
D.O.B	
MRN	

**1. ASSESS SEVERITY** \*Note Alert Box Below\*

SYMPTOMS	MILD	MODERATE Any one = moderate	SEVERE Any one = severe Notify senior Dr immediately
Respiratory Rate	<input type="checkbox"/> Normal for age (see box below)	<input type="checkbox"/> Increased	<input type="checkbox"/> Markedly increased or decreased
Accessory Muscle Use	<input type="checkbox"/> No or Minimal	<input type="checkbox"/> Present <input type="checkbox"/> Chest wall retractions <input type="checkbox"/> Tracheal Tug <input type="checkbox"/> Nasal flaring	<input type="checkbox"/> Marked, at rest <input type="checkbox"/> Respiratory grunt <input type="checkbox"/> Increasingly tired.
Feeding	<input type="checkbox"/> Normal or slow with feeds	<input type="checkbox"/> Reduced or having difficulties <input type="checkbox"/> SOB when feeding	<input type="checkbox"/> Reluctant or Unable to feed
SpO2	<input type="checkbox"/> ≥ 95%	<input type="checkbox"/> 90-94%	<input type="checkbox"/> ≤ 90% <input type="checkbox"/> Pallor or cyanosis
Apnoea	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Maybe present and prolonged

<b>Triage nurse:</b> Severity Score	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	Signed: _____
<b>Doctor:</b> Severity Score	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	Signed: _____

**2. MANAGEMENT**

	MILD	MODERATE	SEVERE
<b>O2</b>	No	To keep sats > 95%	100% mask/headbox oxygen
<b>NPA (RSV, other viruses)</b>	No	Yes	Yes
<b>CXR</b>	No	Yes	Yes
<b>Feeding</b>	Oral if tolerated	Oral or IV if unable to feed	NBM, IV Fluids
<b>Bronchodilators</b>	No – unless as a test dose		
<b>Steroids</b>	No - unless asthma is likely		
<b>Disposition</b>	<ul style="list-style-type: none"> <li>• Fact Sheet</li> <li>• Home if parents informed and capable</li> <li>• Able to access help, have transport</li> </ul>	<ul style="list-style-type: none"> <li>• Admit with factsheet</li> <li>• Close observation for deterioration</li> </ul>	<ul style="list-style-type: none"> <li>• Admit with factsheet</li> <li>• Continuous cardiorespiratory observations.</li> <li>• Consider ICU</li> </ul>

**ALERT!**

- Manage as for acute bronchiolitis if child is < 12 months and has any of the following: cough, coryza, resp distress, crackles, wheeze, hyperinflation or fever and consider at risk of deterioration if presenting within first 3 days of illness.
- Consider other diagnoses (e.g heart failure, pneumonia, asthma, 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 senior doctor.

Age (yrs)	Weight	HR (/min)	RR (/min)
< 30 days	3.5kg	110-160	30-60
6 months	7	100-160	30-40
1 – 2	10-12	100-150	30-40
3 – 5	14-19	95-140	20-30
6 – 10	20-30	80-120	20-25
> 12	40+	60-100	15-20