

**CARE PATHWAY**

**Management of Childhood Bronchiolitis**

**A guide for Health Care Providers**

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**Bronchiolitis**

An acute viral infection causing coryza, cough and wheeze. The average age of a child with bronchiolitis is 3-6 months, but it can occur in a child from the first week of life up to 2 years of age.

**Risk factors for severe bronchiolitis include:**

* Chronic lung disease
* Congenital heart disease
* Age under 3 months
* Premature birth (especially under 32 weeks)
* Neuromuscular disorders
* Immunodeficiency syndromes
* Smoking increases severity of the illness

Management of bronchiolitis is purely symptomatic i.e. feeding support, suction as required, oxygen and close monitoring if associated co-morbidities.

There is **NO evidence** for any of the following treatments:

* Chest physiotherapy on children who do not have an underlying chest problem
* Antibiotics
* Hypertonic saline
* Nebulised adrenaline
* Salbutamol
* Montelukast
* Ipratropium
* Systemic or inhaled corticosteroids.

• Snuffly Nose • Chesty Cough • Poor feeding • Vomiting • Pyrexia • Increased work of breathing • Head bobbing • Cyanosis • Bronchiolitis Season • Inspiratory crackles +/- wheeze

Child presents with

Differential diagnosis of bronchiolitis: Sepsis, Cardiac (congenital rarely acquired), Metabolic, Community acquired pneumonia, Viral induced wheeze

No

Bronchiolitis suspected

Yes

Assess for severity

Severe

Mild

Moderate

|  |  |  |  |
| --- | --- | --- | --- |
| **Clinical Findings** | **Mild** | **Moderate** | **Severe** |
| **Behaviour** | Alert | Irritable, decreased activity | Unable to rouse, wakes only with prolonged stimulation, weak or continuous cry. |
| **Skin** | CRT <2 secs, moist mucous membranes, normal skin colour | CRT 2-3 secs, pallor colour reported by carer / pale/ mottled.  | CRT > 3 sec, pallor/mottling/cyanosis |
| **Respiratory rate** | Under 12 months < 50 breaths / min over 12 months > 50 breaths /minMild resp distress | Increased work of breathing. All ages RR > 60 breaths / min | RR > 70 breaths /minRespiratory distress |
| **O2 sats in air** | 95% or above | 92 – 94% | < 92% |
| **Chest Retractions** | None | Moderate | Severe |
| **Nasal Flaring** | Absent | May be present | Present |
| **Grunting** | Absent | Absent  | Present  |
| **Feeding****Hydration** | Normal - tolerating 75% or above of required volume, occasional cough induced vomiting | 50 – 75 % reduced Reduced urine output | < 50% reduced Significantly reduced urine output |
| **Apnoeas** | Absent  | Absent  | Present |
| **Others** | Satisfactory social circumstances | Risk factors present  |  |

High flow oxygen

Refer immediately to emergency care by 999

Send relevant documentation

Alert paediatrician on call

Provide appropriate and clear guidance / safety netting to the carer.

Provide information leaflet

Confirm they are comfortable with the explanation

Advice from paediatric registrar on call should be sought. + - refer for an assessment to Paediatric assessment unit

Provide clear safety netting and information leaflet

Arrange a follow up appointment