Bronchiolitis Pathway

Clinical Assessment / Management Tool for Children Younger than 1 year old with suspected Bronchiolitis

Management – Combined Acute and Primary Care





Explain natural course of illness -Peak 1-3 davs. Usually lasts 7-14 davs but may cough for 4 weeks



•Provide the parent/carer with a safety net: use the advice sheet and advise on signs and symptoms and changes and signpost as to where to go should things change Arrange any required follow up or review and send any relevant documentation to the provi of follow-up or review

This guidance has been reviewed and adapted by healthcare professionals across SWL with consen from the Hampshire development groups

GMC **NB:

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer.

ether	HS
 Refer immediately to care by 999 Alert Paediatrician Stay with child whilst was give Oxygen support 	
Vakes only with prolonged stimulation Veak or continuous cry sional • Pale/Mottled/Ashen blue	
7 12 hours or appears dehydrated	666
ed pauses >5 seconds) Transfer to Hospital via 9	Review Date: Oct 2025.
ent Action (Hospital) rea rea rea or severe respiratory distress rea or rea or r	First Draft Version: Oct 2022 Review Date: Oct 2025
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Management – Combined Acute and Primary Care

Glossary of Terms					
ABC	Airways, Breathing, Circulation				
APLS	Advanced Paediatric Life Support				
AVPU	Alert Voice Pain Unresponsive				
B/P	Blood Pressure				
CPD	Continuous Professional Development				
CRT	Capillary Refill Time				
ED	Hospital Emergency Department				
GCS	Glasgow Coma Scale				
HR	Heart Rate				
MOI	Mechanism of Injury				
PEWS	Paediatric Early Warning Score				
RR	Respiratory Rate				
WBC	White Blood Cell Count				

The following treatments are NOT recommended for infants with acute bronchiolitis

- Chest physiotherapy using
- vibration and percussion
- Nebulised Ribavirin
- Antibiotic therapy
- Nebulised Epinephrine
- Inhaled corticosteroids

 Inhaled beta 2 agonist bronchodilators (may work if atopic background) Nebulised Ipratropium Bromide Oral systemic corticosteroids

Age	Guide weight (kg)	RR At rest Breaths per minute 5 th - 95 th centile	HR Beats per minute 5 th -95 th centile	BP systolic		
				5 th centile	50 th centile	95 th centile
Birth	3.5	25-50	120-170	65-75	80-90	105
1 month	4	25-50	120-170	65-75	80-90	105
3 months	5	25-45	115-160	65-75	80-90	105
6 months	8	20-40	110-160	65-75	80-90	105
12 months	10	20-40	110-160	70-75	85-95	105
2 years	12	20-30	100-150	70-80	85-100	110
3 years	14	20-30	90-140	70-80	85-100	110
4 years	16	20-30	80-135	80-90	85-100	110
5 years	18	20-30	80-135	80-90	90-110	110-120
6 years	20	20-30	80-130	80-90	90-110	110-120
7 years	23	20-30	80-130	80-90	90-110	110-120
8 years	24	15-25	70-120	80-90	90-110	110-120
9 years	28	15-25	70-120	80-90	90-110	110-120
10 years	30	15-25	70-120	80-90	90-110	110-120
11 years	35	15-25	70-120	80-90	90-110	110-120
12 years	40	12-24	65-115	90-105	100-120	125-140
14 years	50	12-24	60-110	90-105	100-120	125-140
Adult	70	12-24	60-110	90-105	100-120	125-140

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