

Hunter New England Health - Northern sector
ACUTE MANAGEMENT OF INFANTS AND CHILDREN WITH BRONCHIOLITIS
 (Rural Hospital)

Name _____

DOB _____

MRN _____

1. ASSESS SEVERITY *Note Alert Box Below*

SYMPTOMS	MILD	MODERATE Any one = moderate	SEVERE Any one = severe Notify Retrieval Services
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

Triage nurse: Severity Score Mild Moderate Severe

Signed: _____

Doctor: Severity Score Mild Moderate Severe

Signed: _____

2. MANAGEMENT

	MILD	MODERATE	SEVERE
O2	No	To keep sats > 95%	100% mask/headbox oxygen
NPA (RSV, other viruses)	No	Yes	Yes
CXR	No	Yes	Yes
Feeding	Oral if tolerated	Oral or IV if unable to feed	NBM, IV Fluids
Bronchodilators	No – unless as a test dose		
Steroids	No - unless asthma is likely		
Disposition	<ul style="list-style-type: none"> • Fact Sheet • Home if parents informed and capable • Able to access help, have transport 	<ul style="list-style-type: none"> • Consult Paediatrician • Transfer to a higher level care facility • Consider Retrieval 	<ul style="list-style-type: none"> • Continuous cardiorespiratory observations. • Call retrieval team • NETS 1300 36 2500

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