

Triage: Date: _____ Time: _____

Presenting Problem: _____

Priority: _____ Area: _____ Interpreter Required: _____

Triager Name (print): _____ Triager Name (signature) _____

INITIAL ASSESSMENT (tick the feature)

Weight: _____

- 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 (eg 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

SIGNS/ SYMPTOMS	MILD	MODERATE	SEVERE
			<i>If any one of first five signs/symptoms are present = "severe"</i>
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"/> Tachycardia	<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

INITIAL MANAGEMENT

MILD	MODERATE Consult Paediatrician Consider retrieval	SEVERE Call Retrieval Team (NETS Hotline: 1300 36 2500)
Nasal hygiene Observe satisfactory feeding	Nasal hygiene Oxygen, to maintain sats \geq 93%	Nasal hygiene Give 100% mask/head box oxygen May need nasal CPAP or intubation
Parental explanation and bronchiolitis fact sheet	Consider need for NBM, or small frequent comfort feeds Consider IV fluids, electrolytes	NBM, IV fluids, electrolytes Consider arterial/venous blood gases
Ensure parents are able to access help, have transport	Close observation for S&S of deterioration: continuous heart rate and oximetry monitoring	Close observation for S&S of deterioration: continuous heart rate, respiratory and oximetry monitoring
Discharge home when sats \geq 93% in room air during and after test feed Follow up with GP	Admit /transfer to high level care facility	Consider CXR, NPA, RSV, other viruses ICU consultation Transfer to high level care facility

Doctor Name (print) _____ Doctor Name (signature) _____ Date: _____ Time: _____

Other Considerations:

- **Do not** order physiotherapy
- **Do not** order bronchodilators (except as an observed test dose)
- **Do not** order corticosteroids, unless asthma is likely