

Assessment and initial management of acute bronchiolitis

Reconsider diagnosis if the child is >1 year, looks 'unwell', has high fever or responds poorly to treatment.

Initial Severity Assessment			
Treat in the highest category in which any symptom occurs			
Symptoms	Mild	Moderate	Severe and Life Threatening
Appearance	Well	Mildly Unwell	Unwell
Respiratory Rate	Mild Tachypnoea	Moderate Tachypnoea	Apnoeas Severe Tachypnoea Greater than 70 Bradypnoea Less than 30
Work of Breathing	Normal	Mild to Moderate	Moderate to Severe Grunting
Cyanosis	No Cyanosis	No Cyanosis	May be Cyanosed or Pale
Oxygen Saturation Oxygen Requirement	Above 95% in Air	90- 95% in Air	Less than 90% in Air Less than 92% in O2
Heart Rate	Normal	Mild Tachycardia	Tachycardia greater than 180
Feeding	Normal or Slightly Decreased	Difficulty feeding but able to take more than 50% of normal feed.	Difficulty feeding taking less than 50% of normal feed.
		Contact paediatrician	Get senior help then Call NETS 1300 36 2500
Treatment			
Oxygen	No	Give O2 to maintain saturation at or above 95% and or to improve the work of breathing	Maintain oxygen saturations greater than 95% Ensure high inspired oxygen via high flow delivery device if required
Hydration	Recommend smaller more frequent feeds if required	Smaller more frequent feeds Consider NG feeds	IV fluids and NBM
Investigations	Nil required	Nil required	Consider – CXR and Blood Gas / BSL
Observation & Review	hourly	Continuous SaO2 monitoring Minimum hourly observation	Continuous cardio respiratory and SaO2 monitoring Constant observation
No or Poor response to Treatment		Check diagnosis Escalate treatment	Get Senior Help Consult PICU via NETS Consider CPAP May need intubation
Disposition	Likely to go home	Likely to admit Decisions around hospitalisation of infants with SaO2 between 92 & 95 % should be supported by clinical assessment, phase of the illness & social & geographical factors	Transfer to an appropriate paediatric unit via NETS If in a children's hospital, may need PICU.