Initial Assessment

Diagnose bronchiolitis using the following definition:

An infant less than one year of age with:

Cough

Tachypnoea and/or recessionWheeze and/or crackles

WALES BRONCHIOLITIS PATHWAY

**Consider admission if:**

* Early stage of illness (D1 -2)
* Difficult social circumstances
* Skills and confidence of carer reduced

**Yes**

**No**

**ADMIT**

**No**

**Safe for discharge**

* Stamp in notes
* Reassure parents
* Explain expected time course
* Information leaflet
* 24 hour open access

**Oxygen saturations**

Aim for saturations of:

>90% in air

≥92% if requires oxygen

**Do not administer:**BronchodilatorsAnticholinergicsInhaled steroidsOral steroidsAdrenalineHypertonic salinePhysiotherapy

**Do not routinely carry out:**Nasopharyngeal aspirate

Intravenous access

Blood tests

Blood gas

Chest X-ray

**Yes**

Individualised pathway

Low threshold for admission

**Are there risk factors for severe disease?**

* Congenital heart disease
* Cystic Fibrosis/Chronic lung disease
* Immunodeficiency
* Neuromuscular disorder
* Preterm (born < 32 weeks gestation)

**Minimal handling**

Consider **gentle nasal suction**If feeds <50% normal consider orogastric or nasogastric **tube feeding**

**Review after 2 - 4 hours**

* At least 1 feed >75% normal
* One sleep
* Oxygen sats >90%

**Administer Oxygen** via nasal cannulae or headbox to maintain Oxygen saturations ≥92%

Feeds >75% normal

Wet nappies

Oxygen sats >90%

Feeds 50-75% normal

Oxygen sats >90%

Decreased wet nappies

Feeds<50% normal

Oxygen sats ≤90%

Apnoeas

OR

< 4 weeks of age

WALES BRONCHIOLITIS PATHWAY

Ward admission

**Do not administer:**BronchodilatorsAnticholinergicsInhaled steroidsOral steroidsAdrenalineHypertonic salinePhysiotherapy

**Minimal handling**

Consider **gentle nasal suction**If feeds <50% normal consider orogastric or nasogastric **tube feeding**

**Administer Oxygen** via nasal cannulae or headbox to maintain Oxygen sats ≥92%

**Yes**

**Review at least every 8 hours**

High Flow discontinued

Oral feeds > 75%

Oxygen sats in air >90%

**Deteriorating**

**Safe for discharge**

* Stamp in notes
* Reassure parents
* Explain expected time course
* Information leaflet
* 24 hour open access

Wean and then discontinue High Flow as per local guidance

**High Flow Nasal Cannulae**

Pass oro/naso gastric tube

Administer High Flow therapy as per local policy

**Stable/Improving**

Oxygen requirement ≥50%

**Senior review**

Consider trial of CPAP

Consider Anaesthetic opinion and referral to PICU

**Yes**

Requiring >50% head box or

>2L/min nasal cannulae to maintain Oxygen sats ≥92%

**Consider HFNC or CPAP**

**Reassess after 2 hours**

**CPAP**

*Exit pathway*

**No**

**Yes**

**Indications for chest x-ray:**(Discuss with consultant)

Haemodynamically unstablePersistent fever >39°CProtracted clinical course (> 5days)

Consider if on CPAP

**Indications for antibiotics:**

(Discuss with consultant)

Haemodynamically unstablePersistent fever >39°CProtracted clinical course (> 5days)

Consider if on CPAP

**Review at least every 8 hours**

Oral feeds > 75%

Oxygen sats in air >90%

Not tolerating tube feeds

Significant respiratory distress

**Consider intravenous fluids**

(Senior review)

**Any clinical deterioration?**