# Cough/breathlessness in child <1 year of age





# Clinical support tool for remote clinical assessment

Clinical findings	Green – low risk	Amber – intermediate risk	Red – high risk
Colour Activity	<ul> <li>Normal colour of skin, lips and tongue</li> <li>Responds normally to social cues</li> <li>Content/smiles</li> <li>Stays awake or wakens quickly</li> <li>Strong normal cry / not crying</li> </ul>	Pallor     Reduced response to social cues     Wakes only after prolonged stimulation	<ul> <li>Blue or grey colour</li> <li>Unable to rouse or if roused does not stay awake</li> <li>Clinical concerns about nature of cry (Weak, high pitched or continuous)</li> </ul>
Respiratory	None of amber or red symptoms	RR 50-70 breaths/min     Mild / moderate respiratory distress     Audible stridor only when distressed	<ul> <li>Grunting</li> <li>RR &gt; 70 breaths/min</li> <li>Severe respiratory distress</li> <li>Pauses in breathing (apnoeas)</li> <li>Audible stridor at rest</li> </ul>
Circulation / hydration	None of amber or red symptoms	<ul> <li>Cold hands and feet in absence of fever</li> <li>Reduced urine output</li> <li>Reduced fluid intake: 50-75% of usual intake over previous 3-4 feeds</li> </ul>	Markedly reduced fluid intake: <50% of usual intake over last 2-3 feeds
Other	None of amber or red symptoms	<ul> <li>Risk factors for severe illness: pre-existing lung condition, congenital heart disease, age &lt;6 weeks (Corrected), prematurity &lt;35 weeks, known immunodeficiency</li> <li>Age 3-6 months with temp ≥39° (102.2°F)</li> <li>Fever for ≥ 5 days</li> <li>Additional parental/carer support required</li> <li>Lower threshold for face to face review if significant chronic co-morbidities</li> </ul>	<ul> <li>Age 0-3 months with temp ≥38° (100.4°F)</li> <li>Seizure</li> </ul>



## **Green Action**

Provide cough/breathlessness in children under 1 year safety netting advice

Confirm they are comfortable with the decisions/ advice given

Always consider safeguarding issues



#### **Amber Action**

Consider video consultation

and/or

refer to primary care service for review



### **Red Action**

Refer immediately to emergency care – consider whether 999 transfer or parent/taxi most appropriate based on clinical acuity etc.

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