Policy Compliance Procedure

NSW GOVERNMENT Health
Hunter New England Local Health District

Infants and Children – Acute Management of Bronchiolitis

This PCP relates to	
NSW Health PD	NSW PD2012_004: Infants and Children - Acute Management of Bronchiolitis
PCP number	PD2012_004:PCP 1
Sites where PCP applies	All HNE Health Emergency Departments (ED)
Target audience	Clinicians in ED where infants present with cough, wheeze and shortness of breath.
Description	Provides evidence based practice guidelines for the treatment of infants with bronchiolitis
Subject	Acute management of bronchiolitis in infants
Keywords	Acute, management, bronchiolitis, infants
Replaces Existing PCP?	Yes
Document number and/ or name of superseded document/s	PD 2005_387: PCP 1, PD 2005_387: PCP 2, PD 2005_387: PCP 3, PD2005_387: PCP 4, PD 2005_387: PCP 5, PD 2005_387: PCP 6, PD 2005_387: PCP 7. From May 2007

Related Legislation (including OHS legislation), Australian Standards, NSW Health Policy or Circular, other HNELHD Documents, Professional Guidelines, Codes of Practice or Ethics:

- NSW Health PD2012_004 Infants and Children – Acute Management of Bronchiolitis http://www.health.nsw.gov.au/policies/pd/2012/PD2012_004.html

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Summary

- This PCP is a clinical pathway in the assessment of the severity and initial management of bronchiolitis in infants
- Provides guidelines on appropriate disposition, discharge planning, transfer/retrieval based on clinical assessment and response to initial treatment.
- PCP includes access to fact sheet for parent information: www.kaleidoscope.org.au

Distribution:	General Managers, DON, Paediatricians, NUM's ED, ED Physician, Director of Medical Services, CYP&FCN Stream Leaders, VMO GP's.
Date PCP authorised:	16 March 2012
PCP authorised by:	Professor Trish Davidson, Director Children Young People and Families Services
Date of Issue:	20 March 2012
PCP Review Due Date:	30 October 2015
TRIM Number:	12/29-2-6

HNELHD Emergency Departments

Acute Management of Bronchiolitis – March 2012

Surname_____ **Sex**____

Given Names_____

DOB_____ **MRN**_____

AFFIX PT LABEL HERE

Assessment and Initial Management

Reconsider diagnosis if the child is >1 year, looks "unwell", has a 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 O_2
Heart Rate	Normal	Mild Tachycardia	Marked Tachycardia 180
Feeding	Normal or slightly Decreased	Difficulty feeding but may be 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 O_2 to maintain saturation at or above 95% and/or to improve work of breathing	Maintain oxygen saturation at 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 SaO_2 monitoring Minimum hourly observation	Continuous cardio respiratory and SaO_2 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 Decision around hospitalisation of infants with SaO_2 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

*** If IV fluids are clinically indicated discuss IV fluid rate/fluid type with Paediatrician/Senior Emergency Physician. BEWARE: Fluid overload, pulmonary oedema, hypoglycaemia.**

*** For a single reported apnoea before presentation admit for observation and treat as moderate.**

FACT SHEET: See www.kaleidoscope.org.au