Bronchiolitis Algorithm

Initial Assessment

This table is meant to provide guidance in order to stratify severity. The more symptoms the infant has in the mod-severe categories, the more likely they are to develop severe disease.

Symptoms	Mild	Moderate	Severe
Behaviour	Normal	Some/intermittent irritability	Increasing irritability and/or lethargy /fatigue
Respiratory Rate	Normal – mildly increased respiratory rate	Increased respiratory rate	Marked increase or decrease in respiratory rate
Use of accessory muscles	Nil to mild chest wall retraction	Moderate chest wall retractions Tracheal tug Nasal flaring	Marked chest wall retractions Marked tracheal tug Marked nasal flaring
Oxygen Saturation **Oxygen Requirement**	O_2 saturations >92% (in room air)	O_2 saturations 90 - 92% (in room air)	O_2 saturations < 90% (in room air) Hypoxemia, may not be corrected by O_2
Apnoeic Episodes	None	May have brief self-limiting apnoea	Increasingly frequent or prolonged apnoea
Feeding	Normal or slightly decreased	Difficulty feeding but able to take > 50% of normal feeds	Significant difficulty feeding with intake < 50% of normal feeds
Management			
Likelihood of Admission	Suitable for discharge Consider risk factors	Likely admission, may be able to be discharged after a period of observation Management should be discussed with a paediatrician	Requires admission and consider need for transfer to an appropriate children's facility/PICU Referral is determined by: -Senior review -Local CERS response
Observations Vital signs (respiratory rate, heart rate, O_2 saturations, temperature)	Assessment in ED prior to discharge (minimum two sets of observations on SPOC)	Hourly Referring to SPOC	Continuous cardiorespiratory and oximetry monitoring and assessment
Hydration/Nutrition	Small frequent feeds	Not feeding adequately (< 50% over 12 hours), Administer NG or IV hydration	Not feeding adequately (< 50% over 12 hours) or unable to feed, Administer NG or IV hydration
Oxygen	Nil requirement	Administer O_2 to maintain saturations ≥ 92%	Administer O_2 to maintain saturations ≥ 92%
Respiratory Support		If a trial of NPO_2 is ineffective consider HFNC after paediatrician review	Consider HFNC or CPAP after paediatrician review
Disposition/Escalation	Consider further medical review if early in the illness and any risk factors are present or if child develops increasing severity after discharge	Decision to admit should be supported by clinical assessment, social and geographical factors and phase of illness	Requires admission or transfer, escalate as per local CERS if: -Severity does not improve -Persistent desaturations -Significant or recurrent apnoea's with desaturation

If no improvement consult NETS 1300 36 2500

Investigations have no usual role in the management of bronchiolitis (see page 7 of CPG)

Provide advice on the expected course of illness & when to return - Parent Factsheets should be given to parent/ carer