Clinical Assessment/Management tool for Children

Healthier Together

| onnical Assessment/management toor for onnuren | | | Healther Together | | | |
|---|---|--|---|--|---|---|
| When to use this pathway Child under 2 years Respiratory symptoms | | Priorities of clinical assessment | | Risk Fa | Risk Factors for Sev | |
| | | Snuffy Nose Chesty Cough Poor feeding Vomiting Pyrexia | | - | Immunocompromise Congenital Heart Dis | |
| CLINICAL FINDINGS | GREEN LOW RISK | | | IBER UM RISK | | |
| Respiratory | RR < 50 breaths/minute Mild respiratory distress O₂ sats in air 95% or above Mild recession Nasal flaring absent Grunting absent Apnoeas absent | | Increased work of breathing RR 50 - 70 breaths/minute O₂ sats in air 92-94% Moderate recession Nasal flaring may be present Grunting absent Apnoeas absent | RR 50 - 70 breaths/minute O₂ sats in air 92-94% Moderate recession Nasal flaring may be present Grunting absent | | RR > 70 breat O₂ sats in air Severe recess Nasal flaring p Grunting press Apnoeas press |
| Circulation and Hydration | Normal / tolerating 75% of fluid Occasional cough induced vomiting | | 50-75% feeds / fluid intake Reduced urine output | | | < 50% feeds /Significantly r |
| Colour and Activity | Alert Normal CRT < 2 secs Normal colour skin, lips and tongue Moist mucous membranes | | Irritable Decreased activity Reduced response to social cue CRT 2-3 secs Pallor colour reported by parent/ Pale/mottled Cool peripheries | | | Unable to rous No response to Wakes only weights Weak or conting CRT>3 secs Cyanotic lips at Pale/mottled/at |
| Other | | | Risk factors for severe disease Additional parent/carer support r | | | Appears unwe |
| | GREEN ACTION | | AMBE | RACTION | | |
| | | | | | | |

| | Provide written and verbal advice, see our page on <u>Bronchiolitis</u> Confirm parents/carers are comfortable with the deci sions/advice given Discuss with a Paediatrician if concerned | Discuss with a Paediatrician Provide written and verbal advice, see our page on <u>Bronchiolitis</u> Consider referral to acute paediatric community nursing team or respiratory hub if available Arrange appropriate follow up if not admitted | Consider giving ox Arrange urgent ho Consider 999 Alert Paediatrician Commence releva |
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This guidance has been reviewed and adapted by healthcare professionals across West Yorkshire with consent from the Hampshire development groups

NHS Primary and Community Care Settings

evere Disease

- condition
- sed
- Disease rrected)
- Re-attendance
- Prematurity <35 weeks
- Neuromuscular weakness

RED HIGH RISK

- eaths/minute
- ir <92%
- ssion
- g present
- esent
- esent

s / fluid intake or appears dehydrated reduced urine output

ouse

e to social cues with prolonged stimulation ntinuous cry

s and tongue d/ashen blue

well to a healthcare professional

RED ACTION

ng oxygen nt hospital assessment

ician elevant treatment to stabilise child for transfer