

Clinical Assessment Tool

Babies/Children under 2 years with Suspected Bronchiolitis

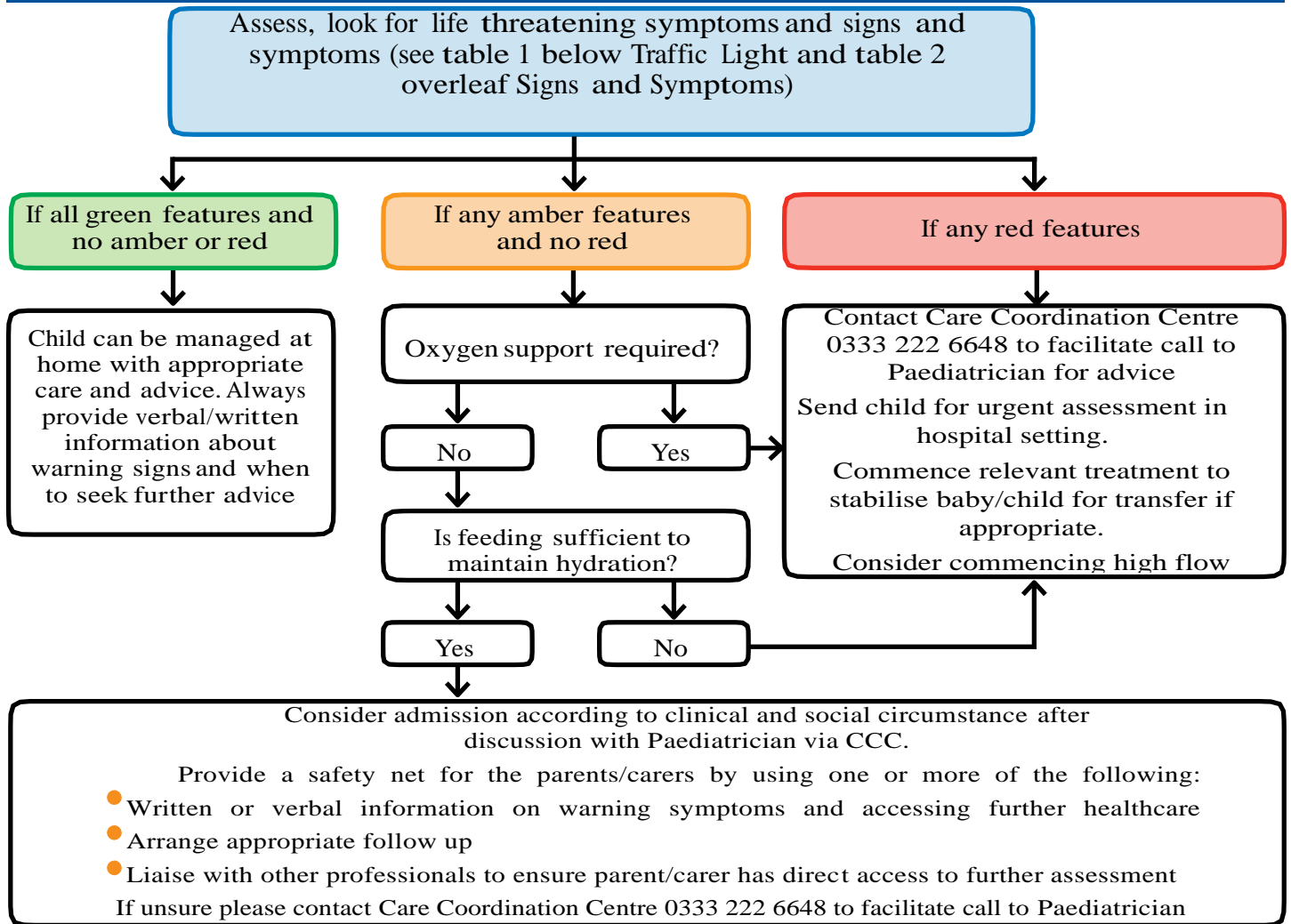


Table 1 Traffic light system for identifying severity of illness

	Green – low risk	Amber – Intermediate risk	Red – high risk
Behaviour	<ul style="list-style-type: none"> Alert Normal 	<ul style="list-style-type: none"> Irritable Not responding normally to social cues Decreased activity No smile 	<ul style="list-style-type: none"> Unable to rouse Wakes only with prolonged stimulation No response to social cues Weak, high pitched or continuous cry Appears ill to a healthcare professional
Circulation	CRT < 2 secs	CRT 2 - 3 secs	CRT over 3 secs
Skin	Normal colour skin, lips & tongue moist mucous membranes	Pale/mottled Pallor colour reported by parent/carer cool peripheries	Pale/Mottled/Ashen blue Cyanotic lips and tongue
Respiratory Rate	Under 12mths <50 breaths/minute Over 12 mths <40 breaths/minute No respiratory distress	<12 mths 50-60 breaths/minute >12 months 40-60 breaths/minute	All ages > 60 breaths/minute
SATS in air	95% or above	92 - 94%	<92%
Chest Recession	None	Moderate	Severe
Nasal Flaring	Absent	May be present	Present
Grunting	Absent	Absent	Present
Feeding Hydration	Normal – no vomiting	50-75% fluid intake over 3-4 feeds +/- vomiting. Reduced urine output	<50% fluid intake over 2-3 feeds +/- vomiting. Significantly reduced urine output.
Apnoeas	Absent	Absent	Present*

CRT: Capillary refill time *Apnoea – for 10-15 secs or shorter if accompanied by a sudden decrease in saturations/central cyanosis or bradycardia
SATS: Saturation in air

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Healthcare professionals should be aware of the increased need for hospital admission in infants with the following:

- Pre existing lung disease, congenital heart disease, neuromuscular weakness, immune-incompetence Age <6
- weeks (corrected) Prematurity
- Family anxiety
- Re-attendance
- Duration of illness is less than 3 days and Amber – may need to admit

Table 2 – Signs and Symptoms can include:

- | | |
|----------------------------|-----------------------------------|
| • Rhinorrhoea (Runny nose) | • Respiratory distress |
| • Cough | • Apnoea |
| • Poor Feeding | • Inspiratory crackles +/- wheeze |
| • Vomiting | • Cyanosis |
| • Pyrexia | |

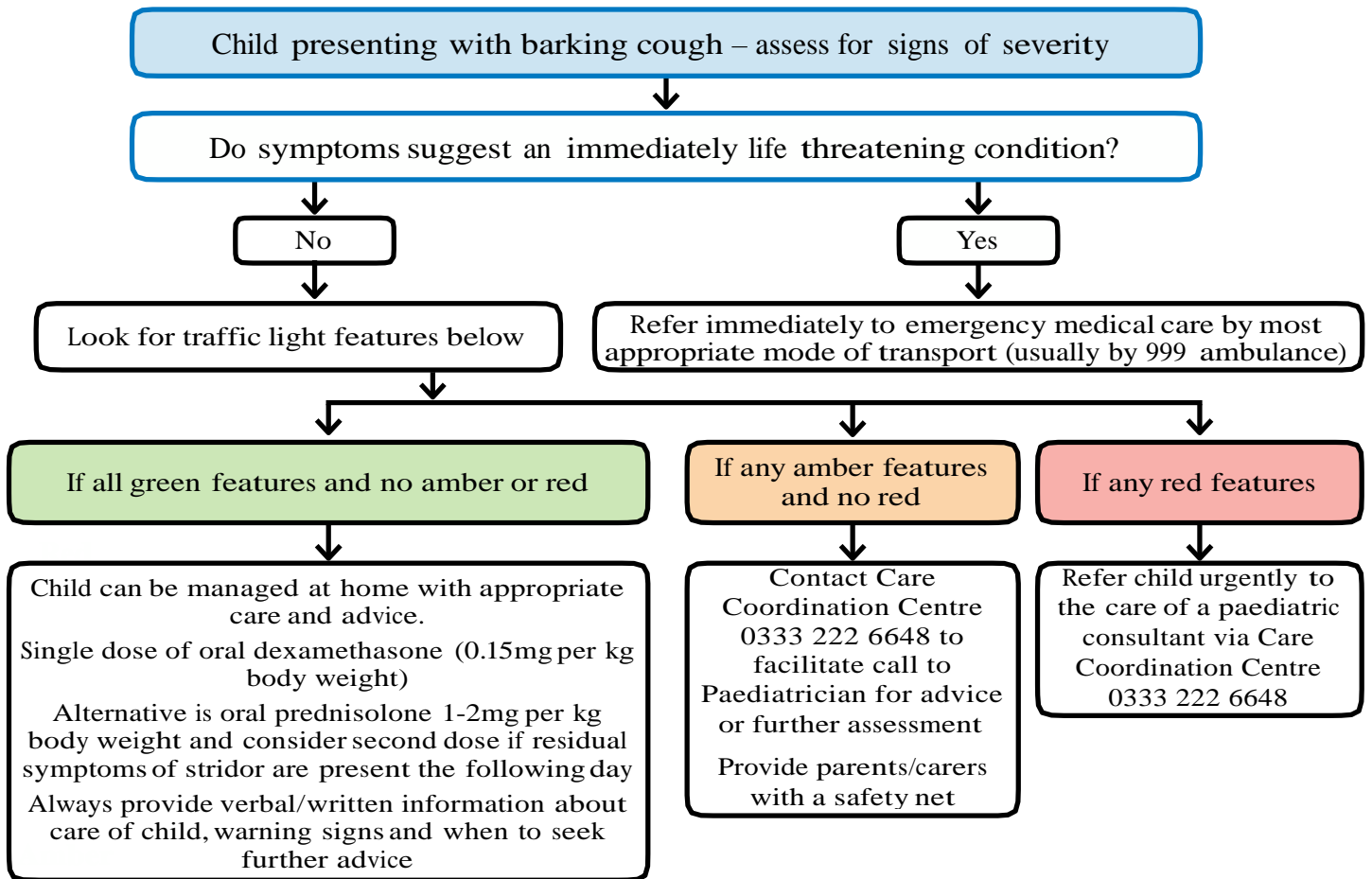
When you feel a GP review in a specific time period is clinically appropriate but that falls outside of the 'in hours' GP service please advise your patient/family to call NHS 111 (at an agreed time interval / level of deterioration – depending on your concerns) and advise that there is a 'predetermined plan to speak with an Out of Hours GP'. Please provide your patient / family with a letter detailing your clinical findings and concerns to help the Out of Hours GP assessment.

This guidance is written in the following context

This assessment tool was arrived at after careful consideration of the evidence available including but not exclusively *SIGN, EBM data and NHS evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

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Suspected Croup in child 3 months – 6 years



	Green	Amber	Red
Colour	Normal	–	Pale Lethargy
Activity	Child alert	Quieter than normal	Distress/agitation
Respiratory	Respiratory rate ⌘ Under 12 months <50 breaths/minute ⌘ Over 12 months <40 breaths/minute Sats 95% or above	Respiratory rate ⌘ Under 12 months 50-60 breaths/minute ⌘ Over 12 months 40-60 breaths/minute Sats 92 - 94%	Respiratory rate >60 (all ages) Sats <92%
Cough	Occasional barking cough No stridor	Frequent barking cough and stridor	Struggling with persistent cough
Chest recession	No chest recession	Subcostal and retrosternal recession	Marked subcostal and retrosternal recession
Circulation and hydration	CRT < 2 seconds		
		Poor response to initial treatment Reduced fluid intake Uncertain diagnosis Significant parental anxiety, late evening/night presentation. No access to transport or long way from hospital	

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