




APPENDIX A

BRONCHIOLITIS PATHWAY

TO BE USED IN ALL INFANTS: typically prodrome of coryza; <12MONTHS, PRESENTING WITH COUGHING, TACHYPNOEA, CHEST RECESSION AND WHEEZES/CREPITATIONS²

ALWAYS LOOK FOR SEPSIS^{2,4}; Uncontrollable fever; severe tachycardia out of proportion of the degree of respiratory distress; infants <2 months with fevers are septic until proven otherwise and need a septic workup and antibiotics

<p>SEVERE Any one of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Marked tachypnoea¹ <ul style="list-style-type: none"> ○ <3mo: >80/min ○ 3-<12mo: >70/min <input type="checkbox"/> Lethargy or inconsolable¹ <input type="checkbox"/> Marked work of breathing: head bobbing, grunting, sternal recession^{1,2} <input type="checkbox"/> Apnoea (frequent/ prolonged)^{2,4} 	<p>YES <input type="checkbox"/></p> 	<p>ADMIT⁴</p> <ul style="list-style-type: none"> <input type="checkbox"/> AVOID UNNECESSARY INVESTIGATIONS <input type="checkbox"/> Administer NPO₂ to maintain pulse oximetry ≥92% <input type="checkbox"/> Consider high flow NPO₂ ** <input type="checkbox"/> NG to decompress stomach <input type="checkbox"/> Continuous NG feeds*** <input type="checkbox"/> IV line if signs of shock, or not tolerating NG fluids (vomiting/ worsening tachypnea or work of breathing) <input type="checkbox"/> Inform ICU early: anticipate the possible need for additional respiratory support: CPAP/ intubation and transfer (PICU CRUMLIN:1800 222 378) 	
<p>NO ↓</p>	<p>MODERATE Any one of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Feeding <50% of feeds despite smaller, more frequent feeds² <input type="checkbox"/> Irritability¹ <input type="checkbox"/> Moderate work of breathing: some intercostal recessions² <input type="checkbox"/> Risk factors for severe disease*⁴ 	<p>YES <input type="checkbox"/></p> 	<p>ADMIT/DISCHARGE</p> <ul style="list-style-type: none"> <input type="checkbox"/> AVOID UNNECESSARY INVESTIGATIONS <input type="checkbox"/> Minimal handling: keep in caregiver's arms if appropriate <input type="checkbox"/> Avoid painful procedures <input type="checkbox"/> Superficial nasal suction can be considered but should not be repeatedly attempted if no improvement seen¹ <input type="checkbox"/> NG feed if feeding <50% feeds or signs of dehydration despite smaller more regular feeds² <input type="checkbox"/> Administer NPO₂ to maintain pulse oximetry ≥92%, if ineffective: will need high flow NPO₂⁴ <input type="checkbox"/> Plan to discharge if meets discharge criteria below.⁴
<p>NO ↓</p>	<p>MILD</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alert¹ <input type="checkbox"/> No risk factors for severe disease** <input type="checkbox"/> Pink on Room air³ <input type="checkbox"/> Well hydrated² <input type="checkbox"/> Tolerating ≥ 50% of feeds² <input type="checkbox"/> Mild work of breathing^{1,3} <input type="checkbox"/> Pulse oximetry ≥94% even while asleep^{1,2} 	<p>YES <input type="checkbox"/></p> 	<p>DISCHARGE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Can be managed at home⁴: see discharge checklist⁹ <input type="checkbox"/> Parent info leaflet <input type="checkbox"/> Antipyretics as needed
<p>DATE: _____ SIGNED: _____ PATIENT MRN: _____</p>			
<p>*Risk factors for severe disease:²</p> <ul style="list-style-type: none"> • Prematurity • Chronic lung disease • Heart disease • Immunodeficiency • Neuromuscular disease • Age <6 weeks³ 	<p>**Heated Humidified High flow nasal prong oxygen:³</p> <ul style="list-style-type: none"> • Consider in presence of hypoxia (<92%) and a lack of response to nasal prong oxygen, or severe distress despite nasal prong oxygen 	<p>***Guide to NG rehydration:^{5,3}</p> <ul style="list-style-type: none"> • Nasogastric rehydration is the route of choice as an alternative to oral rehydration. • Commence feeds at 2/3 of maintenance volume: continuous in severe cases and 2hrly bolus feeds in moderate 	
<p>⁹DISCHARGE CHECKLIST³</p> <ul style="list-style-type: none"> <input type="checkbox"/> At least 2 vital signs measurements 4 hours apart in moderate cases. <input type="checkbox"/> Pulse oximetry >94% even while sleeping <input type="checkbox"/> Able to feed >50% of feeds. No signs of dehydration <input type="checkbox"/> No risk factors for severe disease (see above) <input type="checkbox"/> Excluded other differential diagnoses for acute wheeze: cardiac, foreign body, anaphylaxis <input type="checkbox"/> Provide information leaflet; parents have reviewed leaflet and understand the expected disease progression and red flags, and are able to return should the need arise <p>>>Consider that babies with moderate distress < day 3 of illness may still worsen up to day 3</p>			