Y Grŵp Gweithredu ar Iechyd Anadlol
Respiratory Health Implementation Group
Iechyd Plant Child Health
GIG CYMRU NHS WALES

icst.info/all-wales-guideline-for-the-management-of-rsv-bronchiolitis/

Find out more from the National Paediatric Lead

All Wales Guideline for Primary Care Management of Bronchiolitis

Diagnosis

- Age <1 year
- A coryzal prodrome lasting 1 to 3 days
- Persistent cough
- Tachypnoea and/or chest recessions
- Crackles and/or wheeze

Season 2021/22

- Children age 1-2 years may also contract RSV bronchiolitis and should be managed similarly to infants
- COVID infection is unlikely to cause severe disease in children
- IPC precautions apply to all patients with respiratory infection

Initial Assessment

- **Recommend face to face assessment to make diagnosis and assess severity**
- **Include oxygen satuation monitoring in your assessment**
- Consder remote assessment with safety netting (and direct to patient advice sheet) but offer all children a face to face assessment and see all children where the parent requests it

Oxygen sats >92%

Mild

- Oxygen sats >92%
- Mild respiratory distress
- Feeds >75% normal
- Wet nappies

Use clinical judgement
Advice from paediatrician
Consider hospital review

- Oxygen sats 92-94%
- Early stages of illness (D1-3)
- Risk factors for severe disease
- Difficult social circumstances
- Low skills/ confidence in carer
- <4 weeks of age

Criteria for discharge home

- Oxygen sats >92% (awake and asleep)
- Recently completed oral feed
- Oral intake ≥75% normal

- Explain diagnosis
- Refer to patient advice sheet
- Explain expected time course for disease
- Discuss red flags suggesting deterioration
- Address parental smoking
- Think "safeguarding"
- Consider follow-up to monitor disease progress in 24-48 hours

Patient advice leaflet

Moderate

- Oxygen sats >92%
- Moderate respiratory distress
- Feeds 50-75% normal
- Decreased wet nappies

Oxygen sats ≤92%

Severe

- Oxygen sats ≤92%
- Severe respiratory distress
- Feeds <50% normal
- Lethargic and tiring
- Apnoeas

Apnoeas may be the only clinical sign of bronchiolitis in young infants. Always consider alternative diagnoses.

Minimal handling
Oxygen to maintain sats >92%

Ambulance transfer to hospital

Hospital review

Alternative Diagnosis

High Fever (>39 °C, or >38 °C in age <3/12)

Poor capillary refill

Think bacterial infection:

- Pneumonia
- Sepsis
- Meningitis

Review

NICE NG143 Guideline: Fever in under 5s

Traffic light system for serious illness

Risk factors for severe disease

- Congenital heart disease
- Chronic lung disease
- Preterm (born <32 weeks gestation)
- Neuromuscular disorder
- Immunodeficiency

Low threshold for admission and individualised management plan

Respiratory distress

Mild

- Minimal chest recessions
- Tachypnoea
  - <50 breaths/min age <1yrs
  - <40 breaths/min age 1-2 yrs

Moderate

- Moderate chest recession
- Nasal flare
- Tachypnoea
  - >50 breaths/min age <1yrs
  - >40 breaths/min age 1-2 yrs

Severe

- Severe chest recession
- Expiratory grunting
- Use of accessory muscles
- Tachypnoea
  - >60 breaths/min

Evidence-based medicine

Bronchiolitis does not respond to:

- Hypertonic saline
- Bronchodilators
- Anticholinergics
- Inhaled steroids
- Oral steroids