Manage

Provide appropriate and clear guidance to the parent/carer and refer them to the discharge advice sheet. Confirm they are comfortable with the decisions and advice given, then discharge.

Refer

Consider calling the ‘Amber’ Line

Consider seeking ‘Amberline’ telephone advice from designated paediatrician as per local practice (Local Trust Numbers overleaf)

Refer

Management Plan

• Provide the parent/carer with a safety net: use the advice sheet and advise on signs and symptoms and changes and signpost as to where to go should things change
• Arrange any required follow up or review and send any relevant documentation

Refer

Consider differential diagnosis if:

- temp > 39°C or unusual features of illness

Confirm they are comfortable with the decisions and advice given, then discharge.

For consideration of discharge advice:

• Green - low risk
• Amber - intermediate risk
• Red - high risk

 behaviour

• Alert
• Normal
• Irritable
• Decreased activity
• Reduced response to social cues
• Pale/mottled
• Cool peripheries
• CRT over 3 secs
• Cyanotic lips and tongue

skin

• CRT < 2 secs
• Moist mucous membranes
• Normal colour skin, lips and tongue
• CRT 2-3 secs
• Pallor colour reported by parent/carer
• Cool peripheries
• CRT over 3 secs
• Cyanotic lips and tongue

SATS in air

• 95% or above
• Moist mucous membranes
• Normal colour skin, lips and tongue
• CRT 2-3 secs
• Pallor colour reported by parent/carer
• Cool peripheries
• CRT over 3 secs
• Cyanotic lips and tongue

Respiratory Rate

• Under 12mths <50 breaths/minute
• Over 12mths <40 breaths/minute
• Under 12mths 50-60 breaths/minute
• Over 12mths 40-60 breaths/minute
• Under 12mths >60 breaths/minute
• Over 12mths >60 breaths/minute
• All ages >60 breaths/minute

SATS in air

• 95% or above
• Moist mucous membranes
• Normal colour skin, lips and tongue
• CRT 2-3 secs
• Pallor colour reported by parent/carer
• Cool peripheries
• CRT over 3 secs
• Cyanotic lips and tongue

Feeding

• Normal - Tolerating 75% of fluid
• Occasional cough induced vomiting
• 50-75% fluid intake over 3-4 feeds
• Reduced urine output
• <50% fluid intake over 2-3 feeds / 12 hours
• Significantly reduced urine output

Apnoeas

• Absent
• Present for 10-15 secs or shorter if accompanied by a sudden decrease in saturation/central cyanosis or bradycardia

Other

• Social Circumstance
• Pre-existing lung condition
• Congenital Heart Disease
• Re-attendance
• Neurovascular weakness
• Age <6 weeks (corrected)
• Prematurity

This guidance is written in the following context

This assessment tool is based on NICE and SIGN guidance, which was arrived at after careful consideration of the evidence available. 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 them.
Supporting Information

Glossary of Terms and Abbreviations

<table>
<thead>
<tr>
<th>B/P</th>
<th>Blood Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRT</td>
<td>Capillary Refill Time</td>
</tr>
<tr>
<td>HR</td>
<td>Heart Rate</td>
</tr>
<tr>
<td>RR</td>
<td>Respiratory Rate</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>GCS</td>
<td>Glasgow Coma Score</td>
</tr>
<tr>
<td>PEWS</td>
<td>Paediatric Early Warning Score</td>
</tr>
<tr>
<td>SATS</td>
<td>Saturation in Air</td>
</tr>
</tbody>
</table>

Where can I learn more about paediatric assessment?

Whilst all trusts and healthcare providers organise in-house training and have links to Universities, we also recommend signing up to the online and interactive learning tool Spotting the Sick Child.

Commissioned by the Department of Health to support health professionals in the assessment of the acutely sick child, Spotting the Sick Child guides you through learning resources focussed on developing your assessment skills. It is also CPD certified.

www.spottingthesickchild.com

‘Amber’ line contact numbers

Western Sussex Hospitals NHS Trust
St Richards 01243 788122
Worthing 01903 205111

Surrey and Sussex Healthcare NHS Trust
East Surrey Redhill 01737 768511

Brighton and Sussex University Hospitals NHS Trust
Royal Alexandra 01273 696955

Dear Colleague,

The West Sussex Children & Young Peoples Urgent Care Network would like to introduce you to the High Volume Pathway Assessment Tool for Bronchiolitis in Primary Care and Community Settings for Children aged 0-2 years.

Established in 2010, the Network, supported by the NHS Institute for Innovation and Improvement has worked across organisations in and around West Sussex developing assessment tools for use in primary care and community settings as well within acute hospitals.

The work builds on a movement of rapid improvement programmes which have taken place across the NHS in England facilitated by the NHS Institute for Innovation and Improvement focussed on the most common illnesses and injuries. It is based on the concept that by focussing on a limited range of high volume pathways, the NHS can make the maximum impact on improving the quality and value of care for patients.

The local clinical group who played such an important role in creating these tools included clinical representatives from acute, community and primary care, all working towards three main objectives:

- To promote evidence-based assessment and management of unwell children & young people for the most common conditions when accessing local NHS services in an emergency or urgent scenario
- To build consistency across West Sussex, so all healthcare professionals understand the pathway and can assess, manage and support children, young people and their families during the episode to the same high standards regardless of where they present
- To support local healthcare professionals to share learning and expertise across organisations in order to drive continuous development of high quality urgent care pathways for children & young people.

These assessment tools are developed using both national guidance such as NICE and SIGN publications, along-side local policies and protocols, and have been subject to clinical scrutiny and an initial pilot. Whilst it is hoped that all healthcare professionals who work with children & young people along this pathway will acknowledge and embed the use of this guidance, it must be stressed that the guidance does not override the individual responsibility of the healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with them.

The tools will be subject to review and evaluation and all healthcare professionals are welcome to feedback on their experience of using the tools by contacting a colleague listed on the back page.

We hope these tools support you and your colleagues to provide ever improving high quality care for children & young people on the urgent and emergency care pathway.

Yours Sincerely

The Network