Immediate Paediatric Assessment

Seek Assistance
ED Consultant and/or Reg & Paediatric Registrar (Bleep)

Oxygen
if O2 sats <92% or increased work of breathing

Fluids
2/3 maintainance Oral ↔ iv

Step up CPAP/Optiflow ventilation

Discharge plan criteria
O2 sats >95% support discharge Discontinued Oxygen
Feeding >75% usual Consider Refer Community Children’s Nursing

Suspected Bronchiolitis?

- Snuffling Nose
- Poor feeding
- Pyrexia
- Head bobbing
- Bronchiolitis Season
- Inspiratory crackles +/- wheeze

Do the symptoms and/or signs suggest an immediately life threatening illness?

Consider differential diagnosis if:
-temp > 39°C or unusual features of illness

Green - low risk
- Alert
- CRT < 2 secs
- Normal colour skin, lips and tongue

Amber - intermediate risk
- Irritable
- Decreased activity
- CRT 2-3 secs
- Normal mucous membranes

Red - high risk
- Unable to rouse
- Reduced response to social cues
- CRT over 3 secs
- Pale mottled/Dark cyanotic

Initiate Resuscitation
Contact ED Consultant/Registrar Resus Call for Paediatric and Anaesthetic Team

All green, no amber or red

Any amber

Any red

Provide discharge advice
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.

Discuss and consider
Discuss findings and consider options with:
- ED Consultant/Registrar
- Paediatric Consultant/Registrar

Immediate Paediatric Assessment

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>Abbreviation</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>B/P</td>
<td>Blood Pressure</td>
</tr>
<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>
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<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>
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</tbody>
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**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](http://www.spottingthesickchild.com)

**Here's a big thank you to all those who supported this work**

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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 Acute 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 there 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