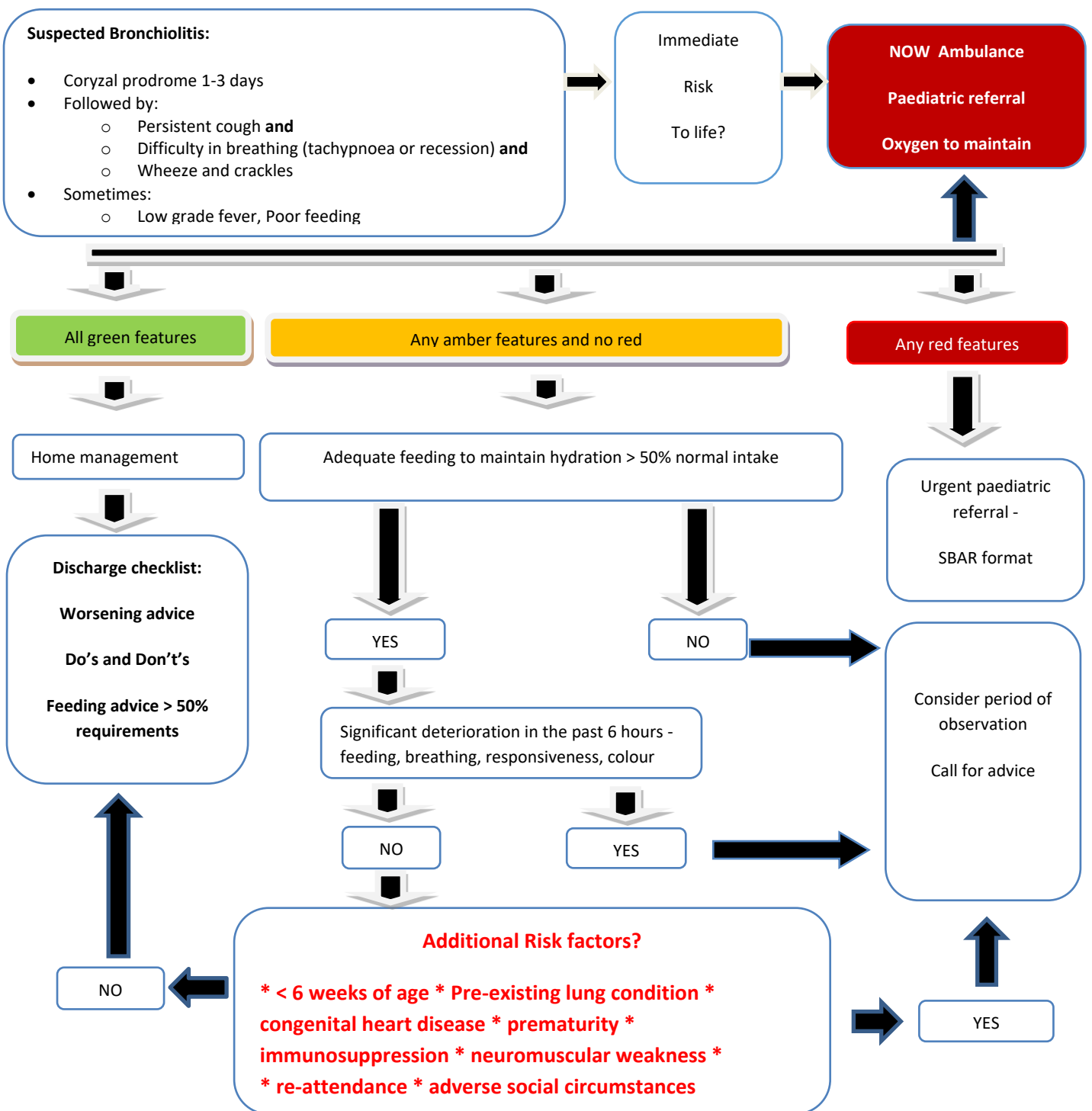


# CLINICAL ASSESSMENT TOOL – BABIES/CHILDREN < 2 YEARS WITH SUSPECTED BRONCHIOLITIS



<b>TARGET AUDIENCE</b>	Board wide, primary care, secondary care emergency departments
<b>PATIENT GROUP</b>	Paediatric patients < 2 years of age

## Clinical Guidelines Summary



## Bronchiolitis

### Traffic light system for identifying severity of illness

	Green – low risk	Amber – Intermediate risk	Red – high risk
Behaviour	<ul style="list-style-type: none"> <li>Alert</li> <li>Normal</li> </ul>	<ul style="list-style-type: none"> <li>Irritable</li> <li>Not responding normally to social cues</li> <li>Decreased activity</li> <li>No smile</li> </ul>	<ul style="list-style-type: none"> <li>Unable to rouse</li> <li>Wakes only with prolonged stimulation</li> <li>No response to social cues</li> <li>Weak, high pitched or continuous cry</li> <li>Appears ill to a healthcare professional</li> </ul>
Circulation	CRT < 2 seconds	CRT 2 - 3 seconds	CRT over 3 seconds
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 12 months <50 breaths/minute Over 12 months <40 breaths/minute No respiratory distress	<12 months 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*

#### Key:

CRT: Capillary refill time

\*Apnoea – for 10-15 seconds or shorter if accompanied by a sudden decrease in saturations/central cyanosis or bradycardia

SATS: Saturation in air

Lead Author	Dr Carol Dryden	Date approved	23/12/2025
Version	1	Review Date	20/12/2028

## **Bronchiolitis**

### **References/Evidence**

NICE Guideline. Bronchiolitis in children: diagnosis and management. Published 2015, last updated August 2021.

Cunningham S, Rodriguez A, Boyd KA, McIntosh E, Lewis SC; BIDS Collaborators Group. Bronchiolitis of Infancy Discharge Study (BIDS): a multicentre, parallel-group, double-blind, randomised controlled, equivalence trial with economic evaluation. *Health Technol Assess.* 2015 Sep;19(71):i-xxiii, 1-172. doi: 10.3310/hta19710. PMID: 26364905; PMCID: PMC4780975.

<b>Lead Author</b>	<b>Dr Carol Dryden</b>	<b>Date approved</b>	<b>23/12/2025</b>
<b>Version</b>	<b>1</b>	<b>Review Date</b>	<b>20/12/2028</b>

## Bronchiolitis

# Appendices

### 1. Governance information for Guidance document

<b>Lead Author(s):</b>	Dr Carol Dryden
<b>Endorsing Body:</b>	Specialist Childrens Health Services Unit Support Care & Clinical Governance Group (SCCG)
<b>Version Number:</b>	1
<b>Approval date:</b>	23/12/2025
<b>Review Date:</b>	20/12/2028
<b>Responsible Person (if different from lead author)</b>	

<b>CONSULTATION AND DISTRIBUTION RECORD</b>	
<b>Contributing Author / Authors</b>	Acute consultant group, UHW Paediatrics
<b>Consultation Process / Stakeholders:</b>	Guideline requested by Dr Adam Daly, Associate Medical Director HSCP North. He has reviewed it as have local GPs. All acute paediatric consultants have also reviewed it. All have approved.

<b>Lead Author</b>	Dr Carol Dryden	<b>Date approved</b>	23/12/2025
<b>Version</b>	1	<b>Review Date</b>	20/12/2028

## Bronchiolitis

<b>Distribution</b>	
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### CHANGE RECORD

Date	Lead Author	Change	Version No.
		<i>e.g. Review, revise and update of policy in line with contemporary professional structures and practice</i>	1
			2
			3
			4
			5

<b>Lead Author</b>	Dr Carol Dryden	<b>Date approved</b>	23/12/2025
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