



Yes  No

(PLACE PATIENT LABEL HERE)

SURNAME: \_\_\_\_\_ NHI: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX: \_\_\_\_\_

# BRONCHIOLITIS

## Inclusion Criteria

Date:	Time:	Name:	Sign:
-------	-------	-------	-------

- Upper Airway Obstruction → STOP - NOT SUITABLE FOR THIS BEST CARE BUNDLE**  
↳ ED Senior Medical or Paediatric Registrar review without delay
- Wheeze present and < 1 year of age → CONTINUE**  
↳ Initiate Treatment Pathway “Bronchiolitis” on Whiteboard

## Initial Nursing assessment - Aim to complete by 30 minutes

History, examination and vital signs recorded on the Nursing Assessment Sheet  
 Bronchiolitis Assessment Tool applied and appropriate pathway started (see page 2)

↳ Initial Pathway:     Mild                       Moderate                       Severe

## Red Flags → Senior Medical or Paediatric Registrar review without delay

- BAT “Severe” or PEWS ≥ 10 → Start Severe Pathway**
- Temp > 39°C or looks toxic                       Heart rate > 200                       Previous PICU admit
- Known cardiac or airways issues                       Apnoeas or fatigued                       Pertussis contact
- Chronic Lung Disease or on home oxygen                       Corrected gestation < 52 weeks or < 3m age post term

## Admission Criteria

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Oxygen requirement</b></li> <li><input type="checkbox"/> <b>Requiring NG feeds</b></li> <li><input type="checkbox"/> <b>Apnoeas or history of apnoeas</b></li> <li><input type="checkbox"/> <b>Significant co-morbidities</b></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> High risk of deterioration               <ul style="list-style-type: none"> <li>• Moderate symptoms persist and day 1 or 2 of illness</li> </ul> </li> <li><input type="checkbox"/> Other concerns               <ul style="list-style-type: none"> <li>• Late at night and &lt; 3 months old</li> <li>• History or suspicion of poor compliance after discharge</li> <li>• Transport or other issues complicating follow up</li> </ul> </li> </ul> |
|---|---|
- If admitting from North Shore Hospital follow Transfer Guideline

## Discharge Guidelines

- No admission criteria exist
  - Senior Dr or Paediatric Team review                      Name: \_\_\_\_\_ Time: \_\_\_\_\_
  - Discharge letter and patient information sheet given to Parent / Caregiver
- Management after discharge:**
- Homecare Nursing Referral
  - Parent / caregiver confident in being able to manage at home and know who to contact if they are concerned

BEST CARE BUNDLE - PATHWAY



Yes  No

(PLACE PATIENT LABEL HERE)

SURNAME: \_\_\_\_\_ NHI: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX: \_\_\_\_\_

**Bronchiolitis Assessment Tool (BAT)**  
*If features from more than one category "mild", "moderate" or "severe" are present, score the highest category*

	Mild	Moderate	Severe
<b>Wheeze:</b>	None or end expiratory	Entire expiration	Inspiratory and expiratory
<b>Feeding:</b>	Normal	Less than usual but > ½ of normal. Frequently stops feeding	Not interested or not able < ½ of normal. Gasping or coughing
<b>Oxygen requirement:</b>	None	May require oxygen	Requires oxygen (Sats < 92%)
<b>Indrawing:</b>	None or Mild	Intercostal and Tracheo-sternal	Severe with nasal flaring
<b>Behaviour:</b>	Normal	Some or intermittent irritability	Irritability or lethargy or apnoeas
<b>Hydration:</b>	Normal	Dehydration present	Dehydration present

**Hydration Assessment Tool**

Features suggesting dehydration when there is a history of poor intake.	<ul style="list-style-type: none"> <li>• Thirsty</li> <li>• Absent tears</li> <li>• Sunken eyes</li> <li>• Sunken fontanelle</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced urine output</li> <li>• Recent weight loss</li> <li>• Decreased capillary refill</li> </ul>
---	---	--

**Mild Pathway → review every 30 minutes**  
*At each review: Record vital signs and then select management option.*

START	Nursing review	Time:	Sign:
	<input type="checkbox"/> Instill nasal saline drops and educate caregiver. <input type="checkbox"/> Offer smaller feeds more frequently → Commence Oral Intake Chart		
30 min	Nursing review	Time:	Sign:
	BAT	<input type="checkbox"/> Severe → <b>Move to Resus, start severe pathway</b>	
		<input type="checkbox"/> Moderate → Move to Moderate Pathway	
<input type="checkbox"/> Mild → Review oral intake and document progress on Oral Intake Chart ↳ If discharge seems likely initiate clinician review			
60 min	Nursing review	Time:	Sign:
	BAT	<input type="checkbox"/> Severe → <b>Move to Resus, start severe pathway</b>	
		<input type="checkbox"/> Moderate → Move to Moderate Pathway	
<input type="checkbox"/> Mild → Review oral intake and document progress on Oral Intake Chart ↳ If discharge seems likely initiate clinician review			
	Clinician review	Time:	Sign:
Review admission criteria on page 1: <input type="checkbox"/> Refer for Paediatric assessment <input type="checkbox"/> Discharge			

BEST CARE BUNDLE - PATHWAY



Yes  No

(PLACE PATIENT LABEL HERE)

SURNAME: \_\_\_\_\_ NHI: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX: \_\_\_\_\_

### Moderate Pathway → review every 30 minutes

*Most of these patients are likely to require admission*

START	Nursing review	Time:	Sign:
	<input type="checkbox"/> Instill nasal saline drops, educate caregiver and consider nasal suctioning <input type="checkbox"/> Oxygen via NP if required as per Standing Order <input type="checkbox"/> Normal hydration → Offer smaller feeds more frequently → Commence Oral Intake Chart <input type="checkbox"/> Dehydration → Insert NG tube and commence feeding at 4 ml/kg/hr		

30 Minutes	Nursing review	Time:	Sign:
	Assess:	<input type="checkbox"/> BAT "Severe" or PEWS ≥ 10 → <b>Start severe pathway</b> <input type="checkbox"/> BAT "Moderate" OR <input type="checkbox"/> "Mild" → Continue nursing cares, nasal suctioning <input type="checkbox"/> PEWS increasing > 3 → <b>Immediate Medical Review</b>	
	Oxygen:	<input type="checkbox"/> Oxygen via NP if required as per Standing Order <input type="checkbox"/> Saturations not maintained > 92% on Oxygen → <b>Start severe pathway</b>	
Intake:	<input type="checkbox"/> Review progress on Oral Intake Chart Intake: _____ ml <input type="checkbox"/> Tolerating small oral feeds → Continue <input type="checkbox"/> Not tolerating oral feeds (vomiting or increased work of breathing with feeds) ↳ Insert NG tube and commence feeding at 4ml/kg/hr		

60 Minutes	Nursing review	Time:	Sign:
	Assess:	<input type="checkbox"/> BAT "Severe" or PEWS ≥ 10 → <b>Start severe pathway</b> <input type="checkbox"/> BAT "Moderate" OR <input type="checkbox"/> "Mild" → Continue nursing cares, nasal suctioning <input type="checkbox"/> PEWS increasing > 3 → <b>Immediate Medical Review</b>	
	Oxygen:	<input type="checkbox"/> Oxygen via NP if required as per Standing Order. <input type="checkbox"/> Saturations not maintained > 92% on Oxygen → <b>Start severe pathway</b>	
Intake:	<input type="checkbox"/> Review progress on Oral Intake Chart Total intake: _____ ml <input type="checkbox"/> Tolerating small oral feeds → Continue <input type="checkbox"/> Not tolerating oral feeds (vomiting or increased work of breathing with feeds) ↳ Insert NG tube and commence feeding at 4ml/kg/hr		

Clinician review	Time:	Sign:
Review admission criteria on page 1: <input type="checkbox"/> Refer for Paediatric assessment <input type="checkbox"/> Discharge		

BEST CARE BUNDLE - PATHWAY



Yes  No

(PLACE PATIENT LABEL HERE)

SURNAME: \_\_\_\_\_ NHI: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: \_\_\_\_\_

**Severe Pathway → move to Resus and call for help**

**Nursing Actions:**

- Suction and clear nasal passages
- Oxygen to keep Sats > 92%
- Inform Paediatric Team
- Attach monitoring equipment
- Insert NG Tube and decompress stomach - Stop NG Feeds

**Medical Staff:**

- Consider high flow nasal oxygen (Airvo) at 2 l/kg/min
- Look for shock and treat with IV fluid bolus
- Consider other diagnoses e.g. VSD with failure

**Discuss with PICU if Saturations not maintained or apnoeas observed**

*If poor respiratory effort or decreased conscious level consider intubation and ventilation at any stage*

**Formulary**

Salbutamol MDI and Spacer: (100 mcg per puff)	6 puffs (only when prescribed by Dr)
Nasogastric tube (Supplemental feeding)	6 G or 8 G sizes used
Suction catheter	8 G or 10 G sizes used
0.9% Saline drops	0.2 ml in each nostril. Repeat as required and before feeding.
Oxygen or Humidified Oxygen	See relevant Standing order.

**Sample Signatures**

Name	Signature	Initials	Name	Signature	Initials

**Pathway outcome:**

Time:

Sign:

Completed normally

Individualised management

Alternative diagnosis