Bronchiolitis STEP UP referral from AED/ CYPU into the ACE Service for infants and children from 4 months (corrected gestation) to 24 months MAINTAINING SATURATIONS IN ROOM AIR.



Bradford Teaching Hospitals

NHS Foundation Trust

Exclusions

- <4 months corrected gestational age
- Prematurity <36/40
- Congenital heart disease
- History of Neuromuscular or Metabolic disease
- Previous PICU admission
- Immunodeficiency
- History of upper airway abnormalities
- Have an 02 requirement
- **Requiring bronchodilators** •

*Feed/fluid requirements

- 2 months-6months: 150ml/Kg/day (or quantify their normal breast feeds)
- 6m- 1yr: 120ml/Kg/day (If weaned/breastfed, quantify their usual normal fluid intake)
- >12months: 100ml/Kg/day (or quantify their normal fluid intake)

Must be tolerating feeds with minimal vomiting.

Children aged 4 months -24 months (corrected gestation) with mild to moderate symptoms who require clinical review for up to 7 days. The patient should fulfil the criteria below. NOT FOR HOME O2

Mild

Respiratory Rate	4m–1yr : ≤ 58 1yr - 2yr: ≤ 48
Work of breathing	Mild chest recessions. Mild tracheal tug and no nasal flaring No grunting.
Apnoea	None
Oxygen saturation	>90% - in air
Heart rate	4m – 1 year <165 1yr – 2yr <145
Capillary refill	<2secs
Feeds	>50% calculated* >3 wet nappies in 24 hrs > orally fed
Conscious level	Alert

Additional input given at home by ACE team to:

- 1. Support with feeding
- 2. Monitoring progress including hydration status
- Identifying deterioration 3.
- 4. Parental reassurance
- Education in managing future episodes 5.
- Smoking cessation advice 6.

Review date January 2024. Author Jess Coatesworth and Dr Mathai

Call children's ACE service on within service hours and check if there is capacity to accept a referral

(Last visit to start 7pm)

Ensure:

- ACE team is able to accept referral
- Parents consent to home care
- Referring doctor or ACP confident the child will not deteriorate within the next 4 hours
- Child has had an NPA/ Cepheid sent for extended viral respiratory screen/ (Can be written onto request form for NPA)

Ensure parent/guardian has:

- 1. A copy of children's ACE service information leaflet
- 2. A bronchiolitis information leaflet
- 3. ACE

If accepted, allow the family home to await contact from the ACE team. ACE nurse to contact parents within 2 hours Of referral.

- Consented to share information with