

## STOP!

**Bronchiolitis** is the most common cause of hospitalisation for children under 1 year – *increasing yearly!*

### REMEMBER...

The majority can be managed at home  
No investigations are routinely needed  
No medications are routinely required  
Doing nothing is ok! (*if symptoms mild*)  
Good advice is everything



## LOOK

1) Bronchiolitis is a **Clinical Diagnosis** 3) **No Risk Factors** = ?discharge

**Typical history** (*under 12 months*) – 2 to 3 days of cold, cough and mild fever

**Typical examination** – Coryzal, widespread crackles and wheeze

**Typical situation** – feeding little and often, happy, wetting nappies

If atypical, read... <http://bit.ly/2QuEhPo>

2) **Mild Severity** = ?discharge

**Mild severity** indicated by:

- O2 saturations consistently above 92%
- No cyanosis, no apnoeas, normal behaviour
- nil to mild recessions, nil to mild tachypnoea
- Feeding adequately, more than 50% of normal\*
- Wetting nappies adequately\*

\*see #LightningLearning: Feeding Assessment

**Risk factors** for rapid deterioration:

- A baby less than 10 weeks old
- Ex-prematurity – chronic lung disease
- Congenital heart disease
- Chronic illness (*e.g. neurological, immune compromised*)
- Congenital or genetic syndrome

4) **Safety Net Carefully**

This is **THE** most important bit, their baby could get worse. Give EVERY parent a leaflet and EXPLAIN it.

**IF IN DOUBT OR THE PARENTS ARE UNHAPPY, GET A SENIOR OPINION!**

## LEARN

Bronchiolitis in children: summary of NICE guidance: <http://bit.ly/2RqaWa4>

Advice website for parents? [www.morethanacold.co.uk](http://www.morethanacold.co.uk)

