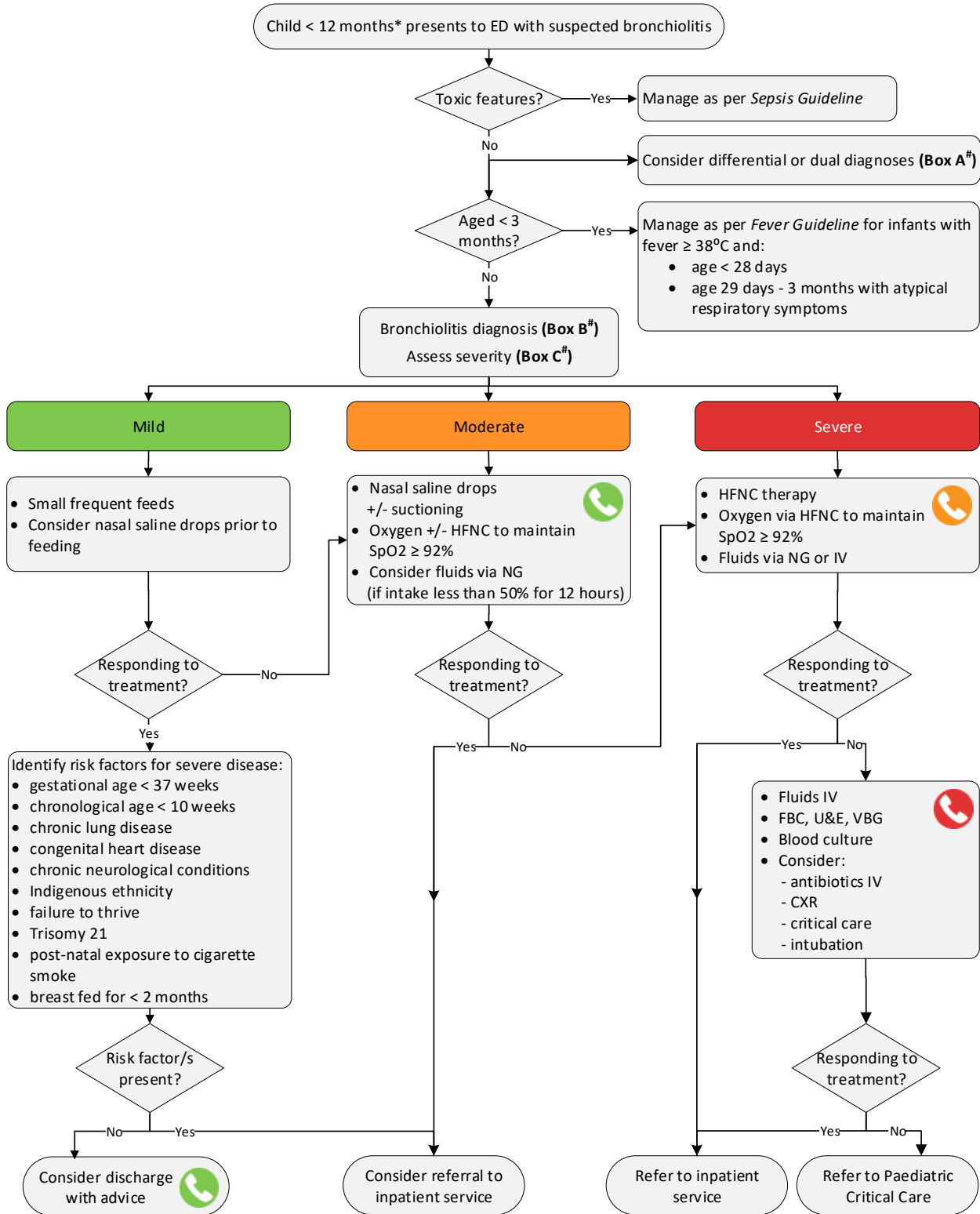


Queensland Paediatric Flowchart

Emergency

**Bronchiolitis – Emergency management in children – Flowchart**



\*Refer to the *Pre-school wheeze guideline* for children aged 1-5 years

# See next page for **Box A, B and C**

Consider seeking senior emergency/paediatric advice as per local practices

Seek senior emergency/paediatric advice as per local practices. Consider contacting paediatric critical care

Seek urgent paediatric critical care advice (onsite or via Retrieval Services Queensland (RSQ) on 1300 799 127)

## Bronchiolitis – Emergency management in children

### BOX A: Less common causes of respiratory distress in infants

Respiratory	Other
<ul style="list-style-type: none"> <li>• bacterial pneumonia, including pertussis</li> <li>• aspiration of milk/formula or foreign body</li> <li>• tracheo/bronchomalacia</li> <li>• cystic fibrosis</li> </ul>	<ul style="list-style-type: none"> <li>• congestive cardiac failure</li> <li>• sepsis</li> <li>• intrathoracic mass</li> <li>• allergic reaction</li> </ul>

Consider concurrent or alternative diagnosis of serious bacterial illness in child with high fevers.



**ALERT** – Consider cardiac disease in infants with the following:

- no precipitating viral illness
- hypoxia out of proportion to severity of respiratory disease
- +/- abnormal or unequal peripheral pulses, cardiac murmur or hepatomegaly

Keep in mind decompensation can be triggered by an intercurrent illness.

### BOX B: Bronchiolitis diagnosis

Requires a history of an upper respiratory tract infection followed by onset of respiratory distress with fever and  $\geq 1$  of the following:

- cough
- tachypnoea
- retractions
- diffuse crackles or wheeze on auscultation

### BOX C: Assessment of severity of acute bronchiolitis

	Mild	Moderate	Severe
<b>Behaviour</b>	Normal	Some/intermittent irritability	Increasing irritability and/or lethargy, fatigue
<b>Respiratory rate</b>	Normal - mild tachypnoea	Increased	Marked increase or decrease
<b>Use of accessory muscles</b>	Nil to mild chest wall retraction	Moderate chest wall retractions Tracheal tug Nasal flaring	Marked chest wall retractions Marked tracheal tug Marked nasal flaring
<b>Oxygen saturations in room air</b>	SpO <sub>2</sub> > 92%	SpO <sub>2</sub> 90-92%	SpO <sub>2</sub> < 90% May not be corrected by O <sub>2</sub>
<b>Apnoeic episodes</b>	None	May have brief apnoea	May have increasingly frequent or prolonged apnoea
<b>Feeding</b>	Normal	May have difficulty with feeding or reduced feeding	Reluctant or unable to feed

For more information refer to [CHQ-GDL-60012 - Bronchiolitis – Emergency management in children](#)

