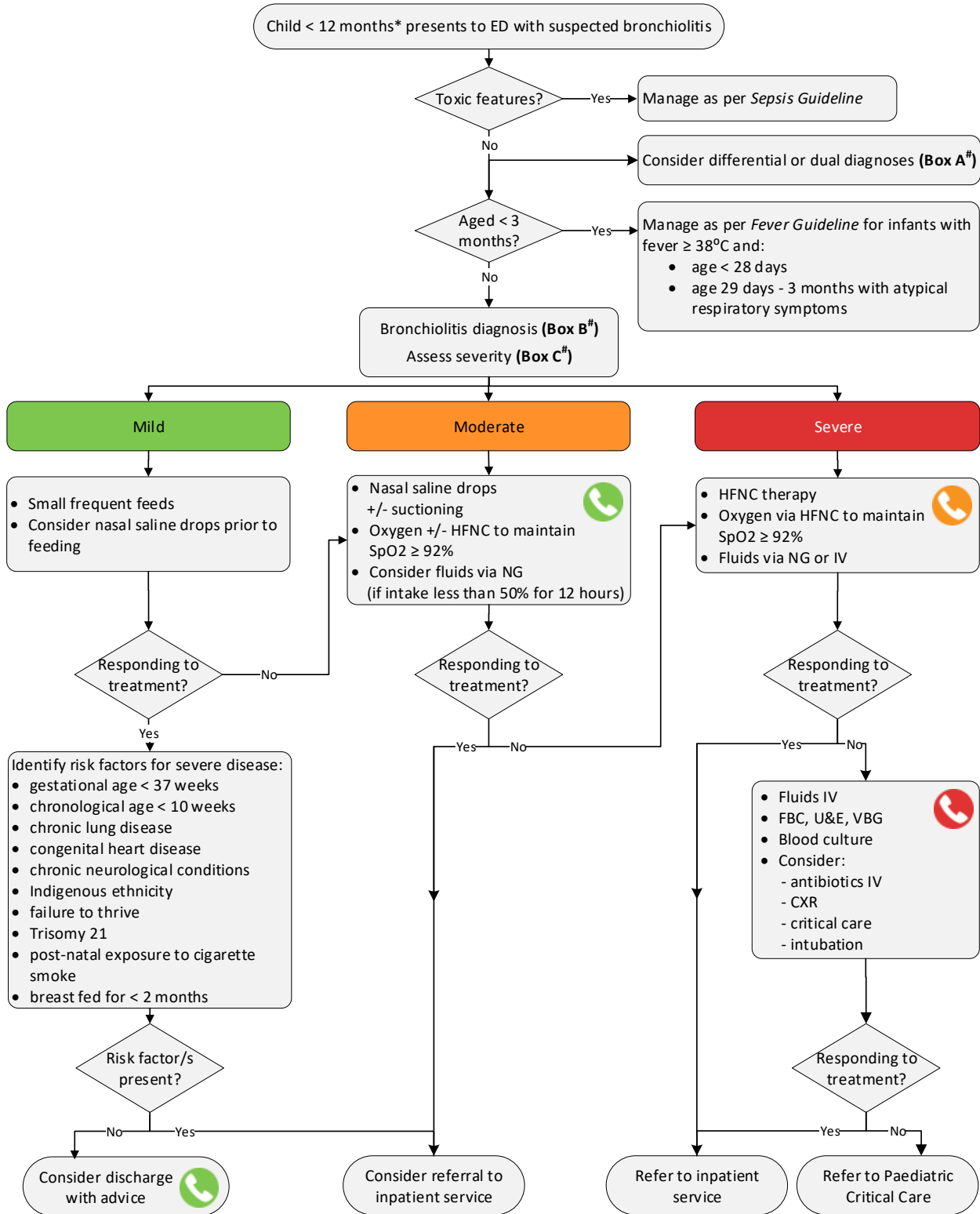


Queensland Paediatric Flowchart

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

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 ≥ 1 of the following:

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

BOX C: Assessment of severity of acute bronchiolitis

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

