

	<i>Nurse Practitioner- Emergency Services</i> CLINICAL PRACTICE GUIDELINE Management of Bronchiolitis	Swan Kalamunda Health Service
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Scope		Outcomes
Nurse Practitioner	<ul style="list-style-type: none"> • Child aged 3 months to 18 months presenting with respiratory distress and Bronchiolitis like illness <ul style="list-style-type: none"> ○ Runny nose, cough, respiratory distress, bilateral wheeze and/or crackles, low-grade fever.^[1] 	Identify patients suitable for NP (Emergency) CPG
Medical Practitioner +/- Nurse Practitioner	<ul style="list-style-type: none"> • Infants born premature < 35 weeks gestation • Known cardiac or lung disease • Other chronic/congenital disease or syndrome. • Age < 3 months, > 18 months • Severe Respiratory Distress • Paroxysms of cough, especially if associated with colour change or apparent apnoea • Hx of Apnoea or colour change • Poor hydration status 	Identify patients not suitable for NP (Emergency) CPG and redirect to usual ED care +/- NP in team.
Initial Assessment and Interventions		Outcomes
Primary survey assessment	<ul style="list-style-type: none"> • Airway • Breathing • Circulation • Disability • Environment 	Critical abnormality on primary survey identified → exit CPG and notify senior ED Doctor.
History	<ul style="list-style-type: none"> • Day of illness • History of the illness and any treatment received prior to presentation • Neonatal history of the baby • Feeding status/ Number of wet nappies • Past medical history-medications • Allergies/ immunisations 	Exclusion criteria identified → exit CPG. Refer to EP
Focused clinical assessment	<ul style="list-style-type: none"> • See Respiratory assessment CPG • Haemodynamic measures including SaO₂, cap refill • Level of consciousness • Hydration status – if poor immediate referral to EP. 	Determine severity of condition ± referral to ED Consultant
Working diagnosis and Investigations		Outcomes
Imaging	Not generally indicated ^[1-3]	

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Pathology	Not routinely indicated. ^[1-3] Consider PNA for RSV if admission likely.	
Interpretation of results (diagnostic features) and management decisions		Outcomes
Mild Bronchiolitis ^[1, 2] Normal ability to feed, alert and interactive. Little or no respiratory distress, no requirements for O ₂ , pink in room air and SaO ₂ > 95%,	<ul style="list-style-type: none"> • NP review in view of discharge with follow up with GP in 24 hours.^[1, 2] • Provide information, fact sheet and reassurance to parents • Parent education and health promotion • Consider psychosocial aspects of family • Assess parents competence and transport availability 	Patient identified as suitable for NP (Emergency) CPG and discharged safely
Moderate Bronchiolitis ^[1, 2] Moderate respiratory distress, poor feeding, lethargy, SaO ₂ < 95%	<ul style="list-style-type: none"> • NP review with view to refer to ED Consultant • Administer O₂ to maintain SaO₂ > 93%^[1, 3] • Monitor respiratory status closely 	Patient assessed by ED Consultant ± referral to Paediatric Unit for admission
Patient Discharge Education		Outcomes
When to return	<ul style="list-style-type: none"> • Verbal instructions from NP • ED written information sheet 	Ensure parents understand problem, treatment, follow up and child is safe for discharge home
Follow up appointments	<ul style="list-style-type: none"> • Verbal instructions from NP • Written instructions for GP in 24 hours 	Ensure parents understand problem, treatment, follow up and child is safe for discharge home
Referrals	<ul style="list-style-type: none"> • Referrals may be made for specific patient/family problems or as required to; <ul style="list-style-type: none"> - social work - physiotherapy - drug and alcohol counsellor - aboriginal liaison officer ▪ Consider need for admission if psychosocial problems identified 	Ensure parents understand problem, treatment, follow up and child is safe for discharge home Referral to EP ± Paediatric unit for admission
Certificates	<ul style="list-style-type: none"> • Absence from work certificates for parents if necessary. 	Appropriate documentation completed

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Letters	<ul style="list-style-type: none"> • GP letter 	Ensures continuity of care and referral to health care team
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Medication
<p>Should pharmaceutical treatment be necessary, the prescriber should refer to the current version of the 'Therapeutic Guidelines'</p> <p>All medication will be stored, labelled and dispensed in accordance with hospital policy and relevant legislation⁽⁵⁾</p>

Most children require only symptomatic care. Antibiotics are used in the very ill younger child while viral identification takes place, or if unusually severe illness suggests the possibility of secondary bacterial infection.

Approved medications for nurse practitioner use within this clinical guideline include;

Analgesia/Anti-pyretic agent

- Paracetamol
- Ibuprofen

Clinical audit evaluation strategies		
Unexpected representation	Emergency Department attendance register and ED NP clinical log	
References		
1.	Fitzgerald, D. and H. Kilham, <i>Bronchiolitis: assessment and evidence-based management</i> . Medical Journal of Australia, 2004. 180 : p. 399-404.	
2.	<i>Bronchiolitis Guideline</i> . [Royal Children's Hospital] [cited 2006 Mar 28]; Clinical Practice Guideline]. Available from: http://www.rch.org.au .	
3.	<i>Evidence based clinical practice guideline for medical management of bronchiolitis in infants less than 1 year of age presenting with a first time episode</i> . [National Guidelines Clearinghouse] 2005 Aug 15 [cited 2006 Mar 28]; Available from: http://www.guidelines.gov .	
4.	JHC <i>Hospital Medication Storage and Administration Policy</i> . Available from JHC Intranet	

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<p>This CPG has been reviewed and is endorsed by nurse practitioner clinical practice guidelines committee Swan/Kalamunda Health Service</p>	<p style="text-align: center;">Approved by Executive Committee for NP CPGs</p> <p>Dr John Keenan Director of Clinical Services</p> <p>Signature _____ Date _____</p> <p>Annemarie Alexander Director of Nursing and Midwifery Services</p> <p>Signature _____ Date _____</p> <p>Halena Halton Nurse Practitioner</p> <p>Signature _____ Date _____</p> <p>Robin Moon Nurse Practitioner</p> <p>Signature _____ Date _____</p>
<p>Key to Terms</p> <p>ED NPC- Emergency Department Nurse Practitioner Candidate EP- Emergency Physician PS- Pain Score S1-S4- Schedule of the drug administration act LMO- Local Medical Officer OP- Outpatients CPG- Clinical Practice Guideline WC- Work cover MVIT- Motor vehicle insurance trust DVA- Department of Veteran Affairs</p>	

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