



	Nurse Practitioner- Emergency Services <b>CLINICAL PRACTICE GUIDELINE</b> <b>Management of Bronchiolitis</b>	
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<b>Scope</b>		<b>Outcomes</b>
<b>Nurse Practitioner</b>	<ul style="list-style-type: none"> <li>• Child aged 3 months to 18 months presenting with respiratory distress and Bronchiolitis like illness <ul style="list-style-type: none"> <li>○ Runny nose, cough, respiratory distress, bilateral wheeze and/or crackles, low-grade fever.<sup>[1]</sup></li> </ul> </li> </ul>	Identify patients suitable for NP (Emergency) CPG
<b>Medical Practitioner +/- Nurse Practitioner</b>	<ul style="list-style-type: none"> <li>• Infants born premature &lt; 35 weeks gestation</li> <li>• Known cardiac or lung disease</li> <li>• Other chronic/congenital disease or syndrome.</li> <li>• Age &lt; 3 months, &gt; 18 months</li> <li>• Severe Respiratory Distress</li> <li>• Paroxysms of cough, especially if associated with colour change or apparent apnoea</li> <li>• Hx of Apnoea or colour change</li> <li>• Poor hydration status</li> </ul>	Identify patients not suitable for NP (Emergency) CPG and redirect to usual ED care +/- NP in team.
<b>Initial Assessment and Interventions</b>		<b>Outcomes</b>
<b>Primary survey assessment</b>	<ul style="list-style-type: none"> <li>• Airway</li> <li>• Breathing</li> <li>• Circulation</li> <li>• Disability</li> <li>• Environment</li> </ul>	Critical abnormality on primary survey identified → exit CPG and notify senior ED Doctor.
<b>History</b>	<ul style="list-style-type: none"> <li>• Day of illness</li> <li>• History of the illness and any treatment received prior to presentation</li> <li>• Feeding status/ Number of wet nappies</li> <li>• Past medical history-medications</li> <li>• Allergies/ immunisations</li> </ul>	Exclusion criteria identified → exit CPG. Refer to EP

<b>Focused clinical assessment</b>	<ul style="list-style-type: none"> <li>• See Respiratory assessment CPG</li> <li>• Haemodynamic measures including SaO<sub>2</sub>, cap refill</li> <li>• Level of consciousness</li> <li>• Hydration status – if poor immediate referral to EP.</li> </ul>	Determine severity of condition ± referral to ED Consultant
<b>Working diagnosis and Investigations</b>		<b>Outcomes</b>
<b>Imaging</b>	Not generally indicated <sup>[1-3]</sup>	
<b>Pathology</b>	Not routinely indicated. <sup>[1-3]</sup> Consider PNA for RSV if admission likely.	
<b>Interpretation of results (diagnostic features) and management decisions</b>		<b>Outcomes</b>
<b>Mild Bronchiolitis</b> <sup>[1, 2]</sup>  Normal ability to feed, alert and interactive. Little or no respiratory distress, no requirements for O <sub>2</sub> , pink in room air and SaO <sub>2</sub> > 95%,	<ul style="list-style-type: none"> <li>• NP review in view of discharge with follow up with GP in 24 hours.<sup>[1, 2]</sup></li> <li>• Provide information, fact sheet and reassurance to parents</li> <li>• Parent education and health promotion</li> <li>• Consider psychosocial aspects of family</li> <li>• Assess parents competence and transport availability</li> </ul>	Patient identified as suitable for NP (Emergency) CPG and discharged safely
<b>Moderate Bronchiolitis</b> <sup>[1, 2]</sup>  Moderate respiratory distress, poor feeding, lethargy, SaO <sub>2</sub> < 95%	<ul style="list-style-type: none"> <li>• NP review with view to refer to ED Consultant</li> <li>• Administer O<sub>2</sub> to maintain SaO<sub>2</sub> &gt; 93%<sup>[1, 3]</sup></li> <li>• Monitor respiratory status closely</li> </ul>	Patient assessed by ED Consultant ± referral to Paediatric Unit for admission

Patient Discharge Education		Outcomes
<b>When to return</b>	<ul style="list-style-type: none"> <li>• Verbal instructions from NP</li> <li>• ED written information sheet</li> </ul>	Ensure parents understand problem, treatment, follow up and child is safe for discharge home
<b>Follow up appointments</b>	<ul style="list-style-type: none"> <li>• Verbal instructions from NP</li> <li>• Written instructions for GP in 24 hours</li> </ul>	Ensure parents understand problem, treatment, follow up and child is safe for discharge home
<b>Referrals</b>	<ul style="list-style-type: none"> <li>• Referrals may be made for specific patient/family problems or as required to;               <ul style="list-style-type: none"> <li>- social work</li> <li>- physiotherapy</li> <li>- drug and alcohol counsellor</li> <li>- aboriginal liaison officer</li> </ul> </li> <li>▪ Consider need for admission if psychosocial problems identified</li> </ul>	Ensure parents understand problem, treatment, follow up and child is safe for discharge home  Referral to EP ± Paediatric unit for admission
<b>Certificates</b>	<ul style="list-style-type: none"> <li>• Absence from work certificates for parents if necessary.</li> </ul>	Appropriate documentation completed
<b>Letters</b>	<ul style="list-style-type: none"> <li>• GP letter</li> </ul>	Ensures continuity of care and referral to health care team

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Medications	Outcomes
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All medication will be stored, labelled and dispensed in accordance with hospital policy and relevant legislation <sup>[4]</sup>

<b>Antipyretics <sup>(5)</sup></b> <b>S2 S4</b>	<b>Paracetamol:</b> 15 mg/kg 4 hourly up to 4 times a day. Not to exceed 4 doses in 24 hours.  <b>OR</b>  <b>Ibuprofen:</b> For children > than 6 months of age. 10mg/kg 3-4 times daily	Patients given analgesia appropriate to allergies, current medications and past medical history
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Clinical audit evaluation strategies
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<b>Unexpected representation</b>	Emergency Department attendance register and ED NP clinical log
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References
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1. Fitzgerald, D. and H. Kilham, Bronchiolitis: assessment and evidence-based management. Medical Journal of Australia, 2004. **180**: p. 399-404.
2. Bronchiolitis Guideline. [Royal Children's Hospital] [cited 2006 Mar 28]; Clinical Practice Guideline]. Available from: <http://www.rch.org.au>.
3. Evidence based clinical practice guideline for medical management of bronchiolitis in infants less than 1 year of age presenting with a first time episode. [National Guidelines Clearinghouse] 2005 Aug 15 [cited 2006 Mar 28]; Available from: <http://www.guidelines.gov>.
4. JHC Hospital Medication Storage and Administration Policy. Available from JHC Intranet

Authorship and endorsement
(This Guideline has been developed in collaboration with the JHC NP CPG Review Committee)

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Key to terms	
<b>NP-</b> Nurse Practitioner <b>EP-</b> Emergency Physician <b>S1-S4-</b> Schedule of the drug administration act	

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<p><b>GP</b> – General Practitioner  <b>OP</b>- Outpatients  <b>CPG</b>- Clinical Practice Guideline  <b>DVA</b>- Department of Veteran Affairs</p>	
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