

Scope		Outcomes
Nurse Practitioner	<ul style="list-style-type: none"> Children presenting with respiratory complaints, with or without mild to moderate respiratory distress 	Identify patients suitable for NP CPG
Medical Practitioner +/- Nurse Practitioner	<ul style="list-style-type: none"> Likely inhalation Foreign Body Possible epiglottitis Severe respiratory distress 	Identify patients not suitable for NP CPG and redirect to usual ED care +/- NP in team.

This assessment guideline has been designed to sit in front of a group of guidelines associated with respiratory presentations of children to emergency departments. These guidelines include:

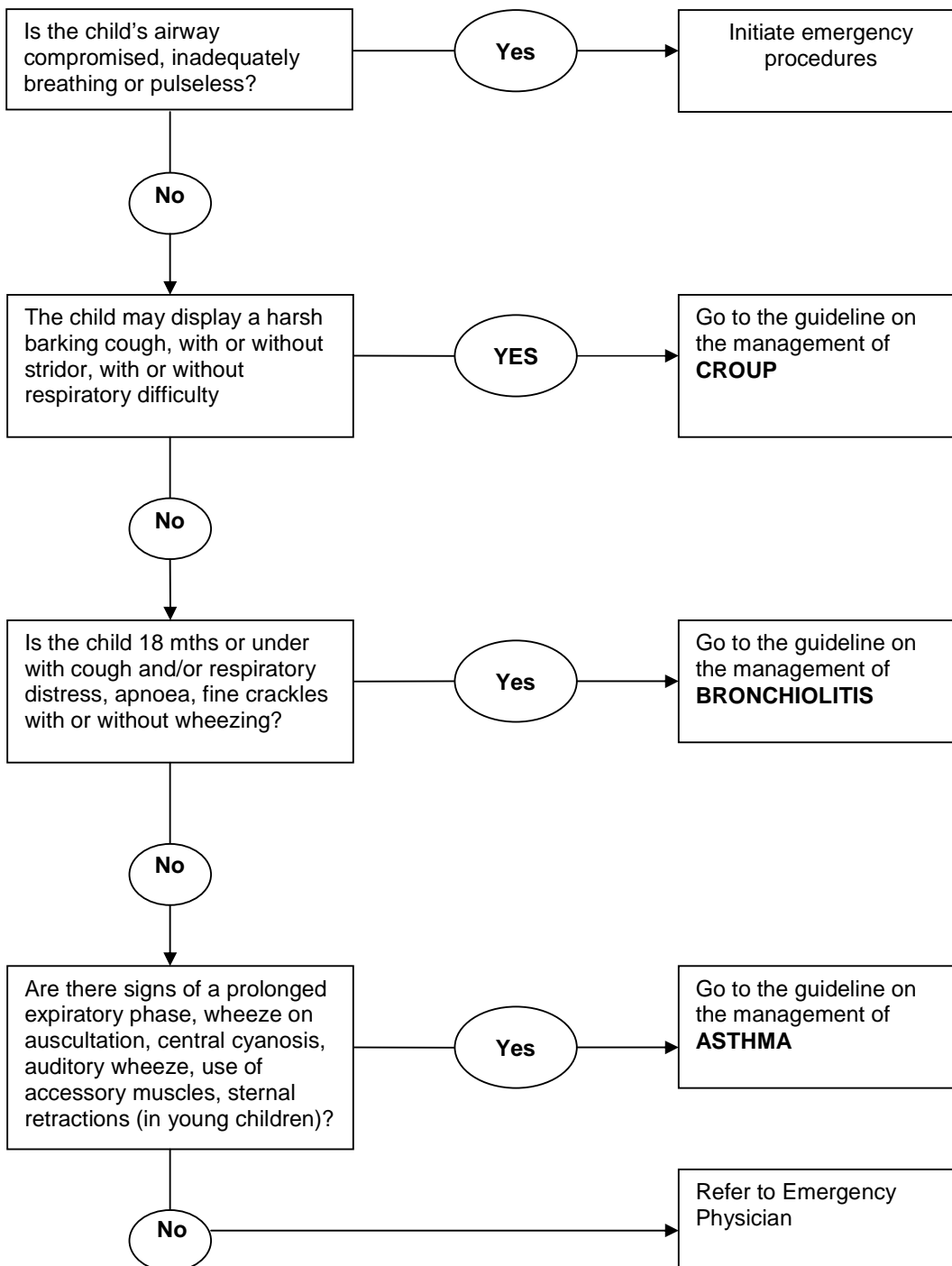
- Management of Asthma,
- Management of Croup,
- Management of Bronchiolitis

The assessment is followed by a Guideline referral Plan to direct the NP to the appropriate CPG.

PRIMARY SURVEY		
Airway	<ul style="list-style-type: none"> Assess patency 	Abnormal primary survey identified → exit CPG
Breathing	<ul style="list-style-type: none"> Assess rate, rhythm, depth and effort. Listen for breath/chest sounds and obvious chest injury. Observe posture and behaviour. Monitor oxygen saturation 	If inadequate consider oxygen to maintain SpO ₂ > 93% and refer to EP.
Circulation	<ul style="list-style-type: none"> Assess rate, rhythm and strength of pulse, capillary return, skin colour and turgor. 	If inadequate, refer to EP
Disability	<ul style="list-style-type: none"> Assess mental state 	If altered, refer to EP
Environment	<ul style="list-style-type: none"> Assess temperature Presence of rash Presence of diaphoresis 	If abnormal, refer to EP

Signs and Symptoms of Respiratory Distress		
Clinical features	Infants	Children
Respiratory rate	Respiratory rate outside the normal range of 30-60 respirations/minute	Respiratory rate outside the following normal ranges: <ul style="list-style-type: none"> • Toddler: 24-40 r/min • School age: 18-30 • Adolescent: 12-16
Respiratory observations	<ul style="list-style-type: none"> • Nasal flaring • Substernal/subcostal retractions • Abdominal breathing 	<ul style="list-style-type: none"> • Substernal/ intercostal retractions • Supraclavicular retractions • Tracheal tug • Accessory muscle use
Breath sounds	<ul style="list-style-type: none"> • Expiratory grunt • Inspiratory/expiratory stridor, soft or loud, at rest or activity • Inspiratory or expiratory wheeze • Diminished breath sounds 	<ul style="list-style-type: none"> • Expiratory grunt • Inspiratory stridor • Inspiratory or expiratory wheezes • Diminished breath sounds
Circulation	<ul style="list-style-type: none"> • Very high or very low pulse rate • Delayed capillary refill time 	<ul style="list-style-type: none"> • Very high or very low pulse rate • Delayed capillary refill time
Colour	<ul style="list-style-type: none"> • Pallor, cyanosis, mottled, dusky 	<ul style="list-style-type: none"> • Pallor, cyanosis, dusky
Behaviour	<ul style="list-style-type: none"> • Irritability • Lethargy • Refusal to drink fluids • Weak cry • Altered or falling mental state 	<ul style="list-style-type: none"> • Irritability • Lethargy • Refusal to eat or drink • Altered or falling mental state
History		
	<ul style="list-style-type: none"> • Reason for presentation • History of the illness including any treatment received prior to presentation • Medical conditions or recent medications • Immunisation history • Routine medications • Allergies 	Identify patients not suitable for NP CPG → exit CPG
Focused clinical assessment		
	<ul style="list-style-type: none"> • Respiratory assessment – as above • Haemodynamic signs including SaO₂ reading • General appearance including positioning and posture • Neurological status • Temperature and colour of extremities 	Identify patients not suitable for NP CPG → exit CPG

Guideline Referral Plan



References

1. Sydney West Area Health Service Nurse Practitioner Guideline. [online] Available from <http://www.health.nsw.gov.au/nursing/npract.html> Accessed April 10 2006

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

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Key to terms	Appendices
NP- Nurse Practitioner EP- Emergency Physician S1-S4- Schedule of the drug administration act GP – General Practitioner OP- Outpatients CPG- Clinical Practice Guideline	
Date written: August 2006 Reviewed: N/A	Review date: August 2008