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|---|--|
| <input type="checkbox"/> Dandenong Hospital | <input type="checkbox"/> Monash Medical Centre - Clayton |
| <input type="checkbox"/> Kingston Centre | <input type="checkbox"/> Monash Medical Centre - Moorabbin |
| <input type="checkbox"/> Jessie McPherson | <input type="checkbox"/> Community Health Services |
| <input type="checkbox"/> Casey Hospital | <input type="checkbox"/> Cranbourne Integrated Care Centre |

Unit Record Number:

Surname

Given Name

D.O.B. Age Sex

Affix Patient Identification Label

BRONCHIOLITIS CLINICAL PATH FOR CHILDREN <18 MONTHS

This Clinical Pathway is designed to assist clinicians by providing a framework of expected care, and should not replace clinical judgement

DIAGNOSIS

The diagnosis of bronchiolitis is clinical. Chest x-rays and virologic tests should NOT be used to diagnose bronchiolitis.

Bronchiolitis is likely if a child aged <18 months presents with:

- Initial signs and symptoms of an upper respiratory tract infection
- Cough
- Tachypnoea
- Inspiratory crepitations
- Wheeze

Consider alternate diagnoses in a child who presents with:

- Recurrent wheezing
- Cough as the predominant symptom
- Persistent, or repeated and prolonged, respiratory symptoms
- Failure to thrive
- Cardiac murmur, oedema or a history of slow onset of symptoms
- Sudden onset of symptoms, history of coughing/choking followed by expiratory wheeze, loss of voice, or differential air entry

Trial Of Bronchodilator Therapy

A child with bronchiolitis-like symptoms who responds to treatment with a bronchodilator is likely to have asthma. Consider a trial of a single dose of β_2 agonist bronchodilators in patients older than 9 months, particularly with recurrent wheezing.

ASSESSMENT OF SEVERITY OF DISEASE

Mild	Moderate	Severe	Life Threatening
<ul style="list-style-type: none"> • Normal respiratory rate • No or subtle accessory muscle use • Normal heart rate# • Able to feed • Oxygen saturation >95% 	<ul style="list-style-type: none"> • Increased respiratory rate • Minor accessory muscle use • Increased heart rate# • Difficulty feeding • Minor dehydration • Crepitations • Oxygen saturation 90-95% 	<ul style="list-style-type: none"> • Markedly increased respiratory rate • Moderate/marked accessory muscle use • Nasal flare and/or grunting • Markedly increased heart rate# • Unable to feed • Marked dehydration • Toxic appearance • Sweaty • Irritable • Oxygen saturation <90% 	<ul style="list-style-type: none"> • Cyanosis • Poor respiratory effort • Maximal accessory muscle use/exhaustion • Apnoeas

N.B. If patient has signs or symptoms across categories, always treat according to their most severe features. Treatment should not be based on a child's oxygen saturation alone.

Take special care with children <3 months old or born at <36 weeks gestation, and those who have underlying cardiorespiratory disease as they have an increased risk of more severe disease and apnoea. Consider virologic testing to guide management in young febrile infants.

INITIAL TREATMENT

<ul style="list-style-type: none"> • Encourage small frequent feeds • Discharge • If reason not to discharge (e.g. criteria to take special care as above) reassess within 1 hour 	<ul style="list-style-type: none"> • Encourage small frequent feeds • If not tolerating oral feeds, consider nasogastric (NG) usual fluids or intravenous (IV) fluids if increased work of breathing • Discharge if NOT requiring oxygen or NG or IV fluids • If reason not to discharge, reassess within 1 hour 	<ul style="list-style-type: none"> • Consult senior medical staff • Give oxygen if saturation <90% • Consider oxygen if child is <3 months old, has increased work of breathing, decreased oxygenation during feeds or saturation 90-92% • Give oxygen at the lowest flow rate required to maintain saturations between 92-95% • If requiring oxygen at >0.5L/min, provide continuous pulse oximetry • If requiring oxygen therapy above 40%, consult Intensive Care Unit • Consider nasogastric (NG) usual fluids or intravenous (IV) fluids if increased work of breathing • If circulatory compromise or severe dehydration discuss fluids with senior medical staff • Consider blood gas analysis • If nasal congestion, trial saline nasal drops & consider suctioning • Reassess within 1 hour 	<ul style="list-style-type: none"> • Consult senior medical staff • Give oxygen • Give intravenous (IV) fluids • If circulatory compromise or severe dehydration discuss fluids with senior medical staff • Perform blood gas analysis • Request urgent chest x-ray • Reassess within 15 minutes
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ONGOING TREATMENT

<p>IF STABLE/IMPROVING:</p> <ul style="list-style-type: none"> • Provide oxygen and/or fluid therapy as per above criteria • Discharge when not requiring oxygen or fluid therapy • Provide patient information, including reasons to return to hospital • Fax or post letter to GP and other relevant specialists 	<p>IF DETERIORATING:</p> <ul style="list-style-type: none"> • Consult senior paediatric or emergency medical staff • Reconsider diagnosis • Consider chest x-ray, blood and urine cultures and/or antibiotics
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Based on the Southern Health Evidence-Based Guideline for the Management of Bronchiolitis in Infants & Children 2006

#Normal parameters for Paediatric Vital Signs are given in the Guideline

LEAVE THIS PATH IF THE CHILD:

- has life-threatening bronchiolitis
- is transferred to an Intensive Care Unit or plan of care has deviated significantly from the care described in this pathway



Southern Health

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DISCHARGE CRITERIA

	Date	Time	Name/initial
• No signs of severe or life-threatening bronchiolitis			
• Able to feed			
• Not requiring oxygen therapy			
• Parents/carer comfortable with child's condition, discharge instructions and time			

DISCHARGE CHECKLIST

All sections must be completed prior to discharge

Medical		Date	Time	Name/initial
Education	• Explanation given about bronchiolitis			
	• Symptoms and signs of illness explained			
	• Explanation given of when to return to GP or ED			
Discharge	• Medical certificate completed <input type="checkbox"/> Yes <input type="checkbox"/> Not required			
	• Immunisations up-to-date? <input type="checkbox"/> No – ordered <input type="checkbox"/> No – letter to GP <input type="checkbox"/> Yes <input type="checkbox"/> Other (specify)			
	• QUIT information given? <input type="checkbox"/> No – no smokers <input type="checkbox"/> No – not wanted <input type="checkbox"/> Yes <input type="checkbox"/> Other (specify) Quitline: 131848			
	• GP identified for patient (online list www.healthforkids.net.au) <input type="checkbox"/> Yes <input type="checkbox"/> Not required			
	• Follow up arranged: <input type="checkbox"/> Paediatrician <input type="checkbox"/> GP <input type="checkbox"/> Outpatients <input type="checkbox"/> Other (specify)			
	• Discharge Summary & Letter to GP Name: _____ Fax No: _____ Address: _____ <input type="checkbox"/> Faxed <input type="checkbox"/> Posted			
	• Letter to Paediatrician Name: _____ Fax No: _____ Address: _____ <input type="checkbox"/> Not required <input type="checkbox"/> Faxed <input type="checkbox"/> Posted			
Nursing		Date	Time	Name/initial
	• Bronchiolitis information brochure given			
	• Saline nasal drops explained <input type="checkbox"/> Yes <input type="checkbox"/> Not required			
	• Discharge Risk Screen completed (ED Nursing Assessment Sheet)			
	• Discharge Checklist completed (MRE21)			

ADMISSION DETAILS

Complete if patient requires admission to inpatient bed

<input type="checkbox"/> Patient requires admission	Admitting Unit:		
<input type="checkbox"/> Bed Bureau, AO or Nurse in charge contacted	<input type="checkbox"/> Ward Contacted	Person spoken to:	
<input type="checkbox"/> No signs of life-threatening bronchiolitis			

Name	Signature	Date	Time	am/pm
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Southern Health

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|---|--|
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| <input type="checkbox"/> Casey Hospital | <input type="checkbox"/> Cranbourne Integrated Care Centre |

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INITIAL MEDICAL ASSESSMENT

An interpreter is required
Language:

Consider diagnoses other than bronchiolitis in a child who also has any one of:

- | | |
|--|--|
| <ul style="list-style-type: none"> ● Recurrent wheeze ● Localising signs or more severe symptoms ● Cough as the predominant symptom ● Persistent, or repeated and prolonged, respiratory symptoms ● Failure to thrive | <ul style="list-style-type: none"> ● Cardiac murmur, oedema or a history of slow onset of symptoms ● Sudden onset of symptoms including history of a coughing/choking episode followed by expiratory wheeze, loss of voice or differential air entry ● Age less than 3 months |
|--|--|

Take special care and consult appropriate specialist clinicians, if the child:

- is less than 3 months old or was born at less than 36 weeks gestation
- has a relevant co-morbidity or chronic illness, for example cystic fibrosis, chronic lung disease or cardio-respiratory disease

Presenting problem

Other relevant history

Current medication

Assessment of severity

N.B. If patient has signs or symptoms across categories, always treat according to their most severe features

<input type="checkbox"/> Normal respiratory rate	<input type="checkbox"/> Increased respiratory rate	<input type="checkbox"/> Markedly increased respiratory rate	<input type="checkbox"/> Cyanosis
<input type="checkbox"/> No or subtle accessory muscle use	<input type="checkbox"/> Minor accessory muscle use	<input type="checkbox"/> Moderate/marked accessory muscle use	<input type="checkbox"/> Poor respiratory effort
<input type="checkbox"/> Normal heart rate	<input type="checkbox"/> Increased heart rate	<input type="checkbox"/> Markedly increased heart rate	<input type="checkbox"/> Maximal accessory muscle use/exhaustion
<input type="checkbox"/> Able to feed	<input type="checkbox"/> Difficulty feeding	<input type="checkbox"/> Unable to feed	<input type="checkbox"/> Apnoeas
	<input type="checkbox"/> Minor dehydration	<input type="checkbox"/> Moderate dehydration	
	<input type="checkbox"/> Crepitations	<input type="checkbox"/> Toxic appearance	
		<input type="checkbox"/> Sweaty	
		<input type="checkbox"/> Irritable	
<input type="checkbox"/> Oxygen saturation >95%	<input type="checkbox"/> Oxygen saturation 90-95%	<input type="checkbox"/> Oxygen saturation <90%	
<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Life threatening LEAVE PATH, consult senior medical staff, treat as per algorithm

Please note: Treatment should not be based on a child's oxygen saturation alone.

General examination

Summary

Doctor's name (print) _____ Signature _____ Date _____ Time _____ am/pm



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|---|--|
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| <input type="checkbox"/> Casey Hospital | <input type="checkbox"/> Cranbourne Integrated Care Centre |

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INITIAL TREATMENT

If any step omitted (excluding those in italics) provide explanation in notes

Medical	<input type="checkbox"/> MILD or MODERATE TOLERATING ORAL FEEDS AND NOT REQUIRING OXYGEN <input type="checkbox"/> Encourage small frequent feeds <input type="checkbox"/> Give parent information brochure	<input type="checkbox"/> MODERATE NOT TOLERATING ORAL FEEDS OR REQUIRING OXYGEN <input type="checkbox"/> <i>Consider oxygen if child is <3 months old, has increased work of breathing, difficulty maintaining oxygenation during feeding or saturation 90-92%</i> <input type="checkbox"/> Encourage small frequent feeds If not tolerating oral feeds, consider <input type="checkbox"/> NG feeds of usual fluids OR if also has increased work of breathing <input type="checkbox"/> IV glucose 5% & sodium chloride 0.9% at 75% of maintenance rate <input type="checkbox"/> If IV inserted take blood for glucose, urea, electrolytes & bicarbonate <i>If nasal congestion,</i> <input type="checkbox"/> <i>trial saline nasal drops</i> <input type="checkbox"/> <i>consider nasal suctioning</i> <input type="checkbox"/> Treatment explained to patient/ parent <input type="checkbox"/> Review within 1 hour at _____ am/pm Doctor's Name Signature Date _____ Time _____ am/pm	<input type="checkbox"/> SEVERE Provide oxygen if <input type="checkbox"/> oxygen saturation <90% OR <input type="checkbox"/> child has oxygen saturation 90-92% AND <input type="checkbox"/> increased work of breathing OR <input type="checkbox"/> age<3 months <input type="checkbox"/> Consult senior paediatric or emergency medical staff <input type="checkbox"/> If circulatory compromise or severely dehydrated discuss fluids with senior medical staff If no circulatory compromise, consider <input type="checkbox"/> NG feeds of usual fluids OR if also has increased work of breathing <input type="checkbox"/> IV glucose 5% & sodium chloride 0.9% at 75% of maintenance rate <input type="checkbox"/> If IV inserted take blood for glucose, urea, electrolytes & bicarbonate <input type="checkbox"/> <i>Consider blood gas analysis</i> <i>If nasal congestion,</i> <input type="checkbox"/> <i>trial saline nasal drops</i> <input type="checkbox"/> <i>consider nasal suctioning</i> <input type="checkbox"/> Treatment explained to patient/parent <input type="checkbox"/> Review within 1 hour at _____ am/pm Doctor's Name Signature Date _____ Time _____ am/pm
	Medical	<input type="checkbox"/> Complete discharge checklist on page 2 and discharge OR <input type="checkbox"/> Specify reason not discharged _____ and review within 1 hour at _____ am/pm Doctor's Name Signature Date _____ Time _____ am/pm	<p style="text-align:center;">REVIEW AT 1 HOUR</p> <input type="checkbox"/> Stable/Improving <input type="checkbox"/> Deteriorating <input type="checkbox"/> Consult senior paediatric or emergency medical staff <input type="checkbox"/> Reconsider diagnosis <input type="checkbox"/> Continue treatment as appropriate for severity of disease <input type="checkbox"/> Write treatment plan on Review Treatment sheet <input type="checkbox"/> Write treatment plan on Review Treatment sheet Doctor's Name Signature Date _____ Time _____ am/pm
Nursing	<input type="checkbox"/> Plan of care explained <input type="checkbox"/> Hydration status assessed and managed		
	<input type="checkbox"/> If requiring oxygen maintain oxygen saturations between 92-95% <input type="checkbox"/> Fluid balance chart maintained		
	<input type="checkbox"/> Observations completed (Routine observations and the following) Severe: at least every 15 mins until stable then 30 mins, Requiring Oxygen: 1 hourly, Moderate: 2 hourly, Mild: 4 hourly; accessory muscle use, chest wall retraction, tracheal tug, nasal flare, grunting, respiratory rate, oxygen saturation and heart rate <input type="checkbox"/> Other (specify) _____		
Nurse's Name _____ Signature _____ Date _____ Time _____ am/pm _____			

Southern Health

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Consider admission for: **If patient requires admission, complete details on page 2**

- | | |
|---|--|
| <ul style="list-style-type: none"> • Most severe presentations • Mild or moderate presentations with extenuating circumstances e.g. <ul style="list-style-type: none"> • Representations with bronchiolitis • Young age • Difficulty accessing hospital | <ul style="list-style-type: none"> • Failure to adequately stabilise with ED treatment • Co-morbid factors such as: <ul style="list-style-type: none"> • Less than 3 months of age • Born at less than 36 weeks gestation • Cardio-respiratory disease |
|---|--|

Transfer to ward criteria: No signs of life-threatening bronchiolitis



Date & Time	ADDITIONAL MEDICAL ASSESSMENT - Complete as required Name (print) & Initial	Blood Results			
		Date	Time	Gluc	Na

ADDITIONAL NURSING ASSESSMENT - Complete as required & refer to Paediatric ED Nursing Observation Chart MRB05

Usual fluids	Amount	Frequency	Method	
Diet			Weight	Kg
Food allergies	Reaction	Treatment		
Mother/Father/Carer (circle) Name	Contact Phone			
Mother/Father/Carer (circle) Name	Contact Phone			
Respiratory/Cardiovascular/Neurological	Integument – skin, hair, scalp			
Head – eyes, neck, ears, face, nose, mouth, throat	Gastrointestinal			
Genitourinary	Musculoskeletal/Mobility			

History

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Orientation to ward completed (Give parent ward information sheet) Yes ID bands checked Yes

Nurse's name _____ Signature _____ Date _____ Time _____ am/pm

BRONCHIOLITIS CLINICAL PATH FOR CHILDREN MRJ95

Southern Health

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|---|--|
| <input type="checkbox"/> Dandenong Hospital | <input type="checkbox"/> Monash Medical Centre - Clayton |
| <input type="checkbox"/> Kingston Centre | <input type="checkbox"/> Monash Medical Centre - Moorabbin |
| <input type="checkbox"/> Jessie McPherson | <input type="checkbox"/> Community Health Services |
| <input type="checkbox"/> Casey Hospital | <input type="checkbox"/> Cranbourne Integrated Care Centre |

Unit Record Number:.....

Surname

Given Name

D.O.B. Age Sex

Affix Patient Identification Label

REVIEW		<input type="checkbox"/> ED	<input type="checkbox"/> Ward
Medical	Assessment		
Assessment of severity of disease			
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Life threatening ▶▶▶▶ Leave path			
<input type="checkbox"/> All discharge criteria met (see page 2) ▶▶▶▶ Complete discharge checklist on page 2 and discharge			
<input type="checkbox"/> Improving or stable but not ready for discharge ▶▶▶ Write up new treatment plan If admission required, complete details on page 2			
<input type="checkbox"/> Deteriorating ▶▶▶ Discuss with senior clinician Reconsider diagnosis and leave path, or write up new treatment plan below If admission required, complete details on page 2			
Plan			
<ul style="list-style-type: none"> • Give oxygen if saturations < 90%, consider if <92% • Consider NGT/IV hydration if not tolerating oral feeds • Trial oral feeds when improved work of breathing • Assess plasma biochemistry daily if patient requiring IV fluids for longer than 24 hours or has significantly abnormal plasma biochemistry 			
Treatment explained to patient/parent <input type="checkbox"/> Yes <input type="checkbox"/> No			
Interpreter used <input type="checkbox"/> Yes <input type="checkbox"/> No			
Next medical review (within 24 hours) (or at nurse's request) am/pm			
Name (print)		Signature	
Date		Time am/pm	

<input type="checkbox"/> Plan of care explained			
<input type="checkbox"/> Oxygen saturation maintained between 92-95%			
<input type="checkbox"/> Hydration status assessed and managed			
<input type="checkbox"/> Fluid balance chart maintained			
<input type="checkbox"/> IV/NGT checked			
<input type="checkbox"/> Observations completed as per page 4			
<input type="checkbox"/> Consider saline nasal drops before feeds if congested			
<input type="checkbox"/> Other (specify)			
Name (print)		Signature	
Date		Time am/pm	

REVIEW		<input type="checkbox"/> ED	<input type="checkbox"/> Ward
Medical	Assessment		
Assessment of severity of disease			
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Life threatening ▶▶▶▶ Leave path			
<input type="checkbox"/> All discharge criteria met (see page 2) ▶▶▶▶ Complete discharge checklist on page 2 and discharge			
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Plan			
<ul style="list-style-type: none"> • Give oxygen if saturations < 90%, consider if <92% • Consider NGT/IV hydration if not tolerating oral feeds • Trial oral feeds when improved work of breathing • Assess plasma biochemistry daily if patient requiring IV fluids for longer than 24 hours or has significantly abnormal plasma biochemistry 			
Treatment explained to patient/parent <input type="checkbox"/> Yes <input type="checkbox"/> No			
Interpreter used <input type="checkbox"/> Yes <input type="checkbox"/> No			
Next medical review (within 24 hours) (or at nurse's request) am/pm			
Name (print)		Signature	
Date		Time am/pm	

<input type="checkbox"/> Plan of care explained			
<input type="checkbox"/> Oxygen saturation maintained between 92-95%			
<input type="checkbox"/> Hydration status assessed and managed			
<input type="checkbox"/> Fluid balance chart maintained			
<input type="checkbox"/> IV/NGT checked			
<input type="checkbox"/> Observations completed as per page 4			
<input type="checkbox"/> Consider saline nasal drops before feeds if congested			
<input type="checkbox"/> Other (specify)			
Name (print)		Signature	
Date		Time am/pm	

Southern Health

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| <input type="checkbox"/> Casey Hospital | <input type="checkbox"/> Cranbourne Integrated Care Centre |

Unit Record Number:

Surname

Given Name

D.O.B. Age Sex

Affix Patient Identification Label

REVIEW ED Ward

Medical	Assessment
Assessment of severity of disease	
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Life threatening ➡ Leave path	
<input type="checkbox"/> All discharge criteria met (see page 2) ➡ Complete discharge checklist on page 2 and discharge	
<input type="checkbox"/> Improving or stable but not ready for discharge ➡ Write up new treatment plan If admission required, complete details on page 2	
<input type="checkbox"/> Deteriorating ➡ Discuss with senior clinician Reconsider diagnosis and leave path, or write up new treatment plan below If admission required, complete details on page 2	
Plan	
<ul style="list-style-type: none"> • Give oxygen if saturations < 90%, consider if <92% • Consider NGT/IV hydration if not tolerating oral feeds • Trial oral feeds when improved work of breathing • Assess plasma biochemistry daily if patient requiring IV fluids for longer than 24 hours or has significantly abnormal plasma biochemistry 	
Treatment explained to patient/parent <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interpreter used <input type="checkbox"/> Yes <input type="checkbox"/> No	
Next medical review (within 24 hours) (or at nurse's request) am/pm	
Name (print) Signature	
Date Time am/pm	

Nursing	
<input type="checkbox"/> Plan of care explained	
<input type="checkbox"/> Oxygen saturation maintained between 92-95%	
<input type="checkbox"/> Hydration status assessed and managed	
<input type="checkbox"/> Fluid balance chart maintained	
<input type="checkbox"/> IV/NGT checked	
<input type="checkbox"/> Observations completed as per page 4	
<input type="checkbox"/> Consider saline nasal drops before feeds if congested	
<input type="checkbox"/> Other (specify)	
Name (print) Signature	
Date Time am/pm	

REVIEW ED Ward

Medical	Assessment
Assessment of severity of disease	
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Life threatening ➡ Leave path	
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Plan	
<ul style="list-style-type: none"> • Give oxygen if saturations < 90%, consider if <92% • Consider NGT/IV hydration if not tolerating oral feeds • Trial oral feeds when improved work of breathing • Assess plasma biochemistry daily if patient requiring IV fluids for longer than 24 hours or has significantly abnormal plasma biochemistry 	
Treatment explained to patient/parent <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interpreter used <input type="checkbox"/> Yes <input type="checkbox"/> No	
Next medical review (within 24 hours) (or at nurse's request) am/pm	
Name (print) Signature	
Date Time am/pm	

Nursing	
<input type="checkbox"/> Plan of care explained	
<input type="checkbox"/> Oxygen saturation maintained between 92-95%	
<input type="checkbox"/> Hydration status assessed and managed	
<input type="checkbox"/> Fluid balance chart maintained	
<input type="checkbox"/> IV/NGT checked	
<input type="checkbox"/> Observations completed as per page 4	
<input type="checkbox"/> Consider saline nasal drops before feeds if congested	
<input type="checkbox"/> Other (specify)	
Name (print) Signature	
Date Time am/pm	



BRONCHOLITIS CLINICAL PATH FOR CHILDREN MRJ95

Southern Health

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|---|--|
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| <input type="checkbox"/> Casey Hospital | <input type="checkbox"/> Cranbourne Integrated Care Centre |

Unit Record Number:.....

Surname

Given Name

D.O.B. Age Sex

Affix Patient Identification Label

REVIEW ED Ward

Medical	Assessment
Assessment of severity of disease	
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Life threatening ▶▶▶▶ Leave path	
<input type="checkbox"/> All discharge criteria met (see page 2) ▶▶▶▶ Complete discharge checklist on page 2 and discharge	
<input type="checkbox"/> Improving or stable but not ready for discharge ▶▶▶▶ Write up new treatment plan If admission required, complete details on page 2	
<input type="checkbox"/> Deteriorating ▶▶▶▶ Discuss with senior clinician Reconsider diagnosis and leave path, or write up new treatment plan below If admission required, complete details on page 2	
Plan	
<ul style="list-style-type: none"> • Give oxygen if saturations < 90%, consider if <92% • Consider NGT/IV hydration if not tolerating oral feeds • Trial oral feeds when improved work of breathing • Assess plasma biochemistry daily if patient requiring IV fluids for longer than 24 hours or has significantly abnormal plasma biochemistry 	
Treatment explained to patient/parent <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interpreter used <input type="checkbox"/> Yes <input type="checkbox"/> No	
Next medical review (within 24 hours) (or at nurse's request) am/pm	
Name (print) Signature	
Date Time am/pm	

Nursing	
<input type="checkbox"/> Plan of care explained	
<input type="checkbox"/> Oxygen saturation maintained between 92-95%	
<input type="checkbox"/> Hydration status assessed and managed	
<input type="checkbox"/> Fluid balance chart maintained	
<input type="checkbox"/> IV/NGT checked	
<input type="checkbox"/> Observations completed as per page 4	
<input type="checkbox"/> Consider saline nasal drops before feeds if congested	
<input type="checkbox"/> Other (specify)	
Name (print) Signature	
Date Time am/pm	

REVIEW ED Ward

Medical	Assessment
Assessment of severity of disease	
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Life threatening ▶▶▶▶ Leave path	
<input type="checkbox"/> All discharge criteria met (see page 2) ▶▶▶▶ Complete discharge checklist on page 2 and discharge	
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<input type="checkbox"/> Deteriorating ▶▶▶▶ Discuss with senior clinician Reconsider diagnosis and leave path, or write up new treatment plan below If admission required, complete details on page 2	
Plan	
<ul style="list-style-type: none"> • Give oxygen if saturations < 90%, consider if <92% • Consider NGT/IV hydration if not tolerating oral feeds • Trial oral feeds when improved work of breathing • Assess plasma biochemistry daily if patient requiring IV fluids for longer than 24 hours or has significantly abnormal plasma biochemistry 	
Treatment explained to patient/parent <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interpreter used <input type="checkbox"/> Yes <input type="checkbox"/> No	
Next medical review (within 24 hours) (or at nurse's request) am/pm	
Name (print) Signature	
Date Time am/pm	

Nursing	
<input type="checkbox"/> Plan of care explained	
<input type="checkbox"/> Oxygen saturation maintained between 92-95%	
<input type="checkbox"/> Hydration status assessed and managed	
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<input type="checkbox"/> Consider saline nasal drops before feeds if congested	
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Name (print) Signature	
Date Time am/pm	

- Dandenong Hospital
- Kingston Centre
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- Monash Medical Centre - Moorabbin
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- Cranbourne Integrated Care Centre

Unit Record Number:

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Affix Patient Identification Label

Bronchiolitis Discharge Summary & GP Letter

Dear Doctor

Your patient presented on ____ / ____ / ____ and was discharged on ____ / ____ / ____

Clinical setting

- Monash Medical Centre
- Emergency Department
- Dandenong Hospital
- Ward _____
- Casey Hospital
- Intensive Care Unit

Admitting unit _____

Consultant _____

Diagnosis

- Uncomplicated Bronchiolitis
- Bronchiolitis complicated by:
 - Electrolyte imbalance/abnormality
 - Dehydration
 - Apnoea
 - Lobar consolidation/collapse
 - Other _____

Severity of disease

- Mild
- Moderate
- Severe
- Life threatening

Treatment

- Nil
- Oxygen therapy
- Other _____
- Nasogastric fluids
- Intravenous fluids

Follow up appointment

- With you in _____ days or if condition deteriorates or fails to improve significantly within 48 hours Alternatively they can return to the Emergency Department
- With Dr _____ in _____ weeks
- In Paediatric Outpatient Clinic in _____ weeks
- In Paediatric Rapid Review Clinic at Monash Medical Centre on _____

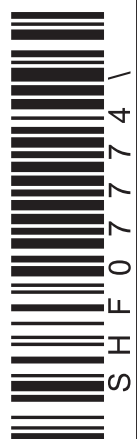
Immunisation status

- Up-to-date for age
- Not up-to-date for age. Immunisations due _____

Other comments (e.g. pre-existing conditions, changes to routine medications, results of investigations)

HMO Name (print) _____ Signature _____ Date _____

Fax a copy of this letter to the patient's GP, give one copy to the parent and keep the original in the medical record with the path.



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- | | |
|---|--|
| <input type="checkbox"/> Dandenong Hospital | <input type="checkbox"/> Monash Medical Centre - Clayton |
| <input type="checkbox"/> Kingston Centre | <input type="checkbox"/> Monash Medical Centre - Moorabbin |
| <input type="checkbox"/> Jessie McPherson | <input type="checkbox"/> Community Health Services |
| <input type="checkbox"/> Casey Hospital | <input type="checkbox"/> Cranbourne Integrated Care Centre |

Unit Record Number:.....

Surname

Given Name

D.O.B. Age Sex

Affix Patient Identification Label

Medical & nursing care for your child

If your child is distressed and having trouble breathing and feeding, they may need to be admitted to hospital.

Staff may need to:

- o Watch your child closely so that they do not get more unwell
- o Give your child oxygen
- o Give your child some fluids through a tube in their nose (nasogastric tube) or a drip into a vein (intravenous/IV therapy)

Important points to remember

- o Bronchiolitis is common in children under 18 months of age.
- o Children with bronchiolitis need to rest and drink small amounts more often.
- o Bronchiolitis is infectious in the first few days of the illness.
- o Children are usually sick for 3-5 days, and then recover over the next 7-10 days. The cough may continue for up to 4 weeks.
- o Smoking in the home increases the chance of children having respiratory illness and can make it worse.
- o Antibiotics are not given because bronchiolitis is caused by a virus. Antibiotics don't cure viruses.

Did you know ?
If you don't already have a GP you can find a child friendly GP on the web: www.healthforkids.net.au

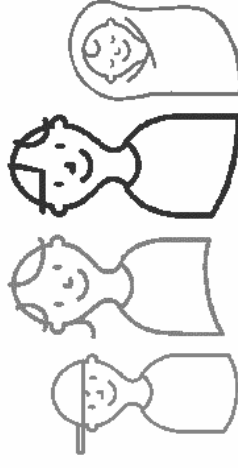
Southern Health Emergency Departments

Monash Medical Centre
246 Clayton Road, Clayton

Dandenong Hospital
David Street, Dandenong

Casey Hospital
52 Kangan Drive, Berwick

Information for Parents of Children with Bronchiolitis



HEALTH for KIDS in the South East

These websites have more information on bronchiolitis and other illnesses:

- www.betterhealth.vic.gov.au/
- www.rch.org.au/kidsinfo/

The information provided in this brochure is adapted from the Royal Children's Hospital Parent Information Sheet on Bronchiolitis available at <http://www.rch.org.au/kidsinfo/>

Southern Health

Disclaimer: This health information is for general education purposes only. It should not be used in place of medical advice. Please consult with your doctor and/or other health care professionals to ensure individualised and appropriate health care is tailored for your child.



What is bronchiolitis?

Bronchiolitis is a common chest infection in infants and young children. It usually occurs in children under 18 months, but can occur in older children as well.

A virus in the lungs causes children with bronchiolitis to have difficulty breathing.

Children with bronchiolitis need to rest and have small feeds more often, so they don't get too tired when feeding.

What are the symptoms of bronchiolitis?

The illness begins as a cold. After a day or so your child begins to cough, and their breathing may become fast and sound wheezy. This fast wheezy breathing can make it difficult for your child to drink. Some children may need to be admitted to hospital because of these problems.

The first symptoms your child may have are the same as a common cold. These symptoms usually last for 1-2 days:

- A stuffy or runny nose
- Sneezing
- Cough

These symptoms can be followed by breathing problems, such as:

- Very fast breathing
- Noisy breathing (wheezing)
- Drawing in of the chest wall with each breath
- Poor feeding
- Fever

Children with bronchiolitis are usually worse on the 2nd or 3rd day of the illness and are often sick for 7-10 days. The cough may continue for up to 4 weeks.

What care should I give at home?

Did you know?
Rest and regular fluids are best for a child with bronchiolitis.

- Encourage rest.
- Give more frequent breast feeds or smaller amounts of fluid more often. This way your child does not get too tired when feeding. If your child does not get enough drinks they can become dehydrated.
- You can give paracetamol (e.g. Panadol, Dymadon) in the recommended dose if your child is irritable.
- Avoid contact with other babies in the first few days of the illness, as bronchiolitis is an infectious disease.
- Ensure a smoke free environment. Always try not to smoke in the home or around your child. This is especially important for children with any respiratory illness.

Did you know?
Mist, steam or humidified air have not been shown to help symptoms of bronchiolitis.

When should I take my child to a doctor?

Make an appointment to see your doctor if:

- your child's cough is getting worse
- your child is having less than half their normal feeds or are refusing drinks
- your child seems very tired or is more sleepy than usual
- you are worried in any way

When should I take my child to the hospital?

You should go to your nearest hospital if your child:

- has difficulty breathing (very fast or not regular breaths)
- cannot feed properly because of coughing or wheezing
- is changing colour in the face when they cough
- has skin that is pale and sweaty

When should I call an ambulance?

If you are concerned about your child's breathing, call 000 for an ambulance.

Call 000 for an ambulance if your child:

- has great difficulty breathing
- becomes floppy, agitated or collapses
- becomes blue or very pale in the lips or face

- | | |
|---|--|
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Unit Record Number:

Surname

Given Name

D.O.B. Age Sex

Affix Patient Identification Label

Bronchiolitis Clinical Path Feedback

We want this clinical path to be as useful and easy to use as possible so please give us your feedback!

Compared to your previous practice, did using this clinical path:

- | | |
|---|---|
| 1. | 2. |
| <input type="checkbox"/> Save lots of time | <input type="checkbox"/> Substantially improve patient care |
| <input type="checkbox"/> Save a little bit of time | <input type="checkbox"/> Slightly improve patient care |
| <input type="checkbox"/> Take about the same amount of time | <input type="checkbox"/> Have no impact on patient care |
| <input type="checkbox"/> Take a little more time | <input type="checkbox"/> Slightly worsen patient care |
| <input type="checkbox"/> Take a lot more time | <input type="checkbox"/> Substantially worsen patient care |

Why? _____

Why? _____

Compared to your previous practice, did using this clinical path:

- | | |
|---|---|
| 3. | 4. |
| <input type="checkbox"/> Make your work a lot more straightforward | <input type="checkbox"/> Make it much easier to find the information you need |
| <input type="checkbox"/> Make your work a little more straightforward | <input type="checkbox"/> Make it slightly easier to find the information you need |
| <input type="checkbox"/> Have no effect on your work | <input type="checkbox"/> Have no impact on ease of finding information you need |
| <input type="checkbox"/> Make your work a little more difficult | <input type="checkbox"/> Make it slightly harder to find the information you need |
| <input type="checkbox"/> Make your work a lot more difficult | <input type="checkbox"/> Make it much harder to find the information you need |

Why? _____

Why? _____

5. What sections of this clinical path are not needed and could be removed?

Description of Section	Page Number

6. What could be added to this clinical path to make it easier or more effective to use?

Description	Page Number

Please use the back of this page for other comments about how we can improve this clinical path.

This form will be collected when the clinical path is audited.



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Other comments about this Clinical Path

What did you like about it?

What didn't you like about it?

Other thoughts or suggestions?