Bronchiolitis

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NETS WA

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this disclaimer

And COVID 19 – NETS Neonatal Retrieval

Aim

This guideline describes the assessment of respiratory status and management of viral infections of the respiratory tract presenting as respiratory distress.

Risk

Delays in recognition and/or management can place neonates at increased risk of deterioration and adverse events. A standardised approach to assessment and management aims to minimise these risks.

Definition

Viral infection of the lower respiratory tract manifesting as respiratory distress (and apnoea, especially in the young infant).

PPE Requirements

- Refer to COVID 19 – NETS Neonatal Retrieval

Management

- Provide oxygen as needed to keep SpO2 ≥92% (Cot O_2 preferred to nasal prongs).
- Apnoea monitoring (refer to NETS WA Apnoea guideline)
- Minimal handling.

- Suction nasal secretions if obstructed with mucus.
- Humidified high flow nasal cannula at 2L/kg/min or CPAP 5-6cm (CPAP offers better respiratory support) if required.
- Nil by mouth if requiring respiratory support, IV fluids (0.9% saline and 10% dextrose if <4 weeks corrected age and 0.9% and 5% dextrose if >4 weeks corrected age) at 2/3 maintenance.
- Start on antibiotics (Amoxicillin / Gentamicin).
- Consider cefotaxime +/- acyclovir if CNS symptoms and/or septic appearance.
- Baseline CXR and blood gas (if available).

Assessment for ventilatory support

Intubation and ventilation only **after discussion with the on-call consultant**.

- If the infant's transfer destination is PCC, please include the on call PCC consultant to discuss the management.
- Refer to NETS WA Intubation and Ventilation guideline.

Babies often deteriorate after intubation, and copious secretions may make ventilation difficult.

- Indications for ventilatory support include:
  - Severe respiratory distress or risk of respiratory arrest.
  - Lack of clinical improvement or deterioration on non-invasive respiratory support.
  - Oxygen requirement ≥60% to maintain SpO2 ≥92%.
  - Persistent or recurrent apnoeas.
  - Lack of improvement in level of consciousness.

Intubation and ventilation

- Sedation will be required.
- Decompress stomach with nasogastric tube.
- Consider volume bolus (10ml/kg) prior to sedation.
- Babies are prone to gas trapping.
- Aim for lower rate, longer Ti (0.5-1.0) and Te (so that respiratory rate around 20-30), to allow better oxygenation and CO_2 removal but keep Ti < Te.
- PEEP should generally be lower (5cm) to avoid gas trapping, but higher PEEP may be needed in cases of atelectasis. Enough PIP to move chest (ideally <30cm).
- Regular ETT suction to prevent ETT occlusion.

Related CAHS internal policies, procedures and guidelines
NETS WA Guidelines • Apnoea • COVID 19 – NETS Neonatal Retrieval • Intubation and Ventilation

This document can be made available in alternative formats on request.

Document Owner:	Neonatology		
Reviewer / Team:	NETS WA		
Date First Issued:	August 2009	Last Reviewed:	1st July 2021
Amendment Dates:		Next Review Date:	1st July 2024
Approved by:	Neonatology Coordinating Group	Date:	27th July 2021
Endorsed by:	Neonatology Coordinating Group	Date:	
Standards Applicable:	NSQHS Standards: Child Safe Standards: 1,10		

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