

**Bronchiolitis Step Down referral from the ward into the ACE Service for infants and children from 2 months (corrected gestation) to 24**

Children aged 2 months -24 months (corrected gestation) with mild symptoms who are clinically improving and require clinical review(s) for up to 7 days after discharge. The patient should fulfil the criteria below.

Infant/ child meets eligibility criteria for step down bronchiolitis pathway and ward/ CCDA Consultant has approved referral to ACE

Call children’s ACE service on 01274 27 3354 and check if there is a capacity to accept a referral

**Exclusions**

- <2 months corrected gestational age
- Prematurity <34/40
- Congenital heart disease
- History of Neuromuscular or Metabolic disease
- Previous ICU admission

	Mild
<b>Respiratory Rate</b>	2m–1yr : <50 1yr - 2yr: <40
<b>Work of breathing</b>	Mild chest recessions Mild tracheal tug and nasal flaring No grunting
<b>Apnoea</b>	Absent for over 48 hours
<b>Oxygen saturation in maximum 1 litre of oxygen via nasal cannula</b>	≥92%
<b>Heart Rate</b>	2m–1yr : <160 1yr - 2yr: <150
<b>Capillary refill time</b>	<2secs Warm peripherals
<b>Feeds</b>	≥50% calculated* ≥3 wet nappies in 24 hrs
<b>Conscious level</b>	Alert
<b>Safety in air test</b>	Passed
<b>HOOF SOP completed</b>	Yes

- If
- ACE team are able to accept referral
  - Parent’s consent to home care
  - IHORM and HOOF completed
- Then
- An RN must perform the ‘safety in air’ test
  - If this test is passed, the ‘Bronchiolitis Step Down Discharge Checklist’ must be completed in its entirety prior to discharge.

**\*Feed/fluid requirements when well**

- 2 months-6months: 150ml/Kg/day (or quantify their normal breast feeds)**
- 6m- 1yr: 120ml/Kg/day (If weaned/breastfed, quantify their usual normal fluid intake)**
- >12months: 100ml/Kg/day (or quantify their normal fluid intake)**

- Ensure parent/guardian has:
- 1) a copy of children’s ACE service information leaflet
  - 2) a bronchiolitis parent information leaflet
  - 3) consented to share information with ACE
  - 4) complete a smoking/vaping disclaimer

**Safety in air test: Performed by RN**

The Infant or child’s oxygen therapy is discontinued for 20 minutes whilst having continuous saturation monitoring. The bedside nurse must ensure they are close by at all times in case of desaturation. The infant is considered to have passed the test if their oxygen saturation is maintained at or above 80%. If their saturations fall below 80%, oxygen is to be restarted immediately and the baby is considered to have failed the test. This test can be repeated after 24 hours.

- Additional input given at home by ACE team to:
1. Support with feeding
  2. Monitor progress including hydration and safety of home oxygen
  3. Identify deterioration
  4. Provide parental reassurance
  5. Educate in managing future episodes
  6. Provide smoking cessation advice

Ward nurse to coordinate with the ACE team to determine time of discharge( ACE nurse to be at the child’s home to receive them) Patient preferably identified by 10am and be discharged to ACE between 2pm– 4 pm.