

Bronchiolitis Step Down referral from the Observation Unit/ Ward into the ACE Service for infants and children from 2 months (corrected gestation) to 24 months

Children aged 2 months -24 months (corrected gestation) with mild symptoms who are clinically improving and require oxygen and clinical review 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



- ☐ ACE team are able to accept referral
- ☐ Parents consent to home care
- ☐ IHORM and HOOF completed by a Dr as per discharge checklist.

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



Ensure parent/guardian has:

1. A copy of children's ACE service information leaflet
2. A bronchiolitis information leaflet
3. Consented to share information with ACE



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 after delivery of oxygen)



Additional input given at home by ACE team to:

1. Support with feeding
2. Monitoring progress including hydration and safety of home oxygen
3. Identifying deterioration
4. Parental reassurance
5. Education in managing future episodes
6. Smoking cessation advice

Exclusions

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

*Feed/fluid requirements

- 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)

Safety in air test:

The Infant or child's is placed in room air 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.

Mild	
Respiratory Rate	2m-1yr : <50 1yr - 2yr: <40
Work of breathing	Mild chest recessions. Mild tracheal tug and nasal flaring and no grunting.
Apnoea	Absent for over 48 hours
Oxygen saturation	>92% - in maximum 1 litre of oxygen via nasal cannula
Heart rate	2m - 1 year <160 1yr - 2yr <150
Capillary refill	<2secs
Feeds	>50% calculated* >3 wet nappies in 24 hrs
Conscious level	Alert
Safety in air test	Passed
HOOF/IHORN	Completed