



PRIORITIES OF CLINICAL ASSESSMENT	RISK FACTORS	Vital Sign Values	RED FLAGS
<ul style="list-style-type: none"> • Snuffy Nose • Chesty Cough • Poor feeding • Vomiting • Pyrexia 	<ul style="list-style-type: none"> • Increased work of breathing • Head bobbing • Cyanosis • Bronchiolitis Season 	<ul style="list-style-type: none"> • Inspiratory crackles +/- wheeze • Pre-existing lung condition • Immunocompromised • Congenital Heart Disease 	<ul style="list-style-type: none"> • Age <6 weeks (corrected) • Re-attendance • Prematurity <35 weeks • Neuromuscular weakness
			<p>Do the symptoms and/or signs suggest an immediate an life threatening illness?</p> <ul style="list-style-type: none"> • Refer immediately to emergency care by 999 • Alert Paediatrician • Stay with child whilst waiting and give High-Flow • Oxygen support

CLINICAL FINDINGS	GREEN LOW RISK	AMBER MEDIUM RISK	RED HIGH RISK
Respiratory	<ul style="list-style-type: none"> • Under 12mths <50 breaths/minute • Mild respiratory distress • O₂ sats in air 95% or above • Mild chest recession • Nasal flaring absent • Grunting absent • Apnoea's absent 	<ul style="list-style-type: none"> • Increased work of breathing • All ages > 60 breaths/minute • O₂ sats in air 92-94% • Moderate chest recession • Nasal flaring may be present • Grunting absent • Apnoea's absent 	<ul style="list-style-type: none"> • All ages > 70 breaths/minute • Respiratory distress • O₂ sats in air <92% • Severe chest recession • Nasal flaring present • Grunting present • Apnoea's present
Circulation and Hydration	<ul style="list-style-type: none"> • Normal—tolerating 75% of fluid • Occasional cough induced vomiting 	<ul style="list-style-type: none"> • 50-75% fluid intake over 3-4 feeds • Reduced urine output 	<ul style="list-style-type: none"> • <50% fluid intake over 2-3 feeds/12 hours or appears dehydrated • Significantly reduced urine output
Colour and Activity	<ul style="list-style-type: none"> • Alert • Normal • CRT < 2 secs • Normal colour skin, lips and tongue • Moist mucous membranes 	<ul style="list-style-type: none"> • Irritable • Decreased activity • Reduced response to social cues • CRT 2-3 secs • Pallor colour reported by parent/carer • Pale/mottled • Cool peripheries 	<ul style="list-style-type: none"> • Unable to rouse • No response to social cues • Appears ill to a healthcare professional • Wakes only with prolonged stimulation • Weak or continuous cry • CRT>3 secs • Cyanotic lips and tongue • Pale/mottled/ashen blue
Other		<ul style="list-style-type: none"> • Pre-existing lung condition • Immunocompromised • Congenital Heart Disease • Age <6 weeks (corrected) • Re-attendance • Prematurity <35 weeks • Neuromuscular Weakness • Additional parent/carer support required 	

GREEN ACTION	AMBER ACTION	RED ACTION
Provide appropriate and clear guidance to the parent/carer and refer them to the patient advice sheet Confirm they are comfortable with then decisions/advice given	Advice from Paediatrician should be sought and/or a clear management plan agreed with parent Provide the parent/carer with a safety net: use the advice sheet and advice on signs and symptoms and changes and signpost as to where to go should thing change Consider referral to acute paediatric community nursing team if available Arrange any required follow up or review and send any relevant documentation to the provider of follow-up or review	<ul style="list-style-type: none"> • Consider commencing high flow oxygen support • Refer immediately to emergency care – consider 999 • Alert Paediatrician • Commence relevant treatment to stabilise child for transfer • Send relevant documentation