## Cough/breathlessness pathway for children ≥ 1 of year of age



Clinical Assessment/Management tool for Children

CLINICAL FIND-	ODEEN		
INGS	GREEN LOW RISK	AMBER MEDIUM RISK	
Respiratory	• None of amber or red symptoms	<ul> <li>Tachypnoea</li> <li>Mild / Moderate respiratory distress</li> <li>Audible stridor on exertion/distress only</li> </ul>	<ul> <li>Severe tachypne</li> <li>Severe respirato</li> <li>Audible stridor a</li> <li>Unable to comp</li> </ul>
Circulation and Hydration	<ul> <li>None of amber or red symptoms</li> <li>Able to tolerate some fluids</li> <li>Passing urine</li> </ul>	<ul> <li>Cold hands and feet in absence of fever</li> <li>Reduced urine output 50-75% usual intake</li> <li>Not tolerating fluids / repeated vomiting</li> </ul>	<ul> <li>Markedly reduce</li> </ul>
Colour and Activity	<ul> <li>Normal colour of skin, lips and tongue</li> <li>Content/smiles</li> <li>Stays awake/awakens quickly</li> </ul>	<ul> <li>Pale</li> <li>Decreased activity/lethargic</li> </ul>	<ul> <li>Blue or grey cold</li> <li>Unable to rouse</li> <li>Confused</li> </ul>
Other symptoms, and signs	• None of amber or red symptoms	<ul> <li>Fever for ≥ 5 days</li> <li>Risk factors for severe disease – known asthma, chronic lung disease, bronchiectasis/CF, immunodeficiency</li> <li>Additional parental/carer support required</li> </ul>	• Sudden onset a
	GREEN ACTION	AMBER ACTION	
	<ul> <li>Provide cough/breathlessness &gt;1 year safety netting advice</li> <li>Confirm they are comfortable with the decisions/ advice given.</li> <li>Always consider safeguarding issues</li> </ul>	<ul> <li>Safety net and consider planning review or advise about what to do it worsens</li> </ul>	<ul> <li>Refer immediate fer or parent/tax</li> </ul>



## RED **HIGH RISK**

pnoea atory distress r at rest or grunting nplete sentences

uced fluid intake: < 50% of normal intake

colour se or if roused does not stay awake

and parental concern about inhaled foreign body

## **RED ACTION**

iately to emergency care – consider whether 999 transaxi most appropriate based on clinical acuity etc.