

Nurse led pathway

Royal Hospital for Children, Glasgow Bronchiolitis Care Pathway		
ED/ CLINICAL DECISION UNIT/ACUTE RECEIVING UNIT ONLY children UNDER 2 years of age admitted to ward 2C, with BRONCHIOLITIS as the PRIMARY I FOR ADMISSION should be included on this pathway.		
Attach addressograph label Or: Name: Address: Hospital No : Telephone:	Next of kin/guardian Name : Relationship : Address if different : Telephone :	
Sex : Male/Female	Referral from : Self / G.P. / A&E / Clinic Other :	
Admission Date: .../.../... Time: Consultant		
Attach G.P. label Or G.P. : Practice Address : Telephone	Health Visitor : Location : Telephone :	Social Work : yes / no Name : Telephone :
Known allergies : (please specify)	Medical alerts: (please specify)	
Presenting complaint :		
Exclusion Criteria : Any infant less than 7 days old (including adjusted age (term>37 weeks)) or suffering from <ul style="list-style-type: none"> • Apnoea • Chronic Lung Disease • Active Cardiac or Renal Disease • Complications of Prematurity/Immunodeficiency • OR any other complicating co-morbid condition. • Patients should have regained their birth weight and show no signs of failure to thrive. 		
Admission Checklist (must be completed):		
Exclusion criteria applied, child suitable for pathway	Yes <input type="checkbox"/>	
NPA or Throat swab obtained	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Near Patient Testing Result <input type="checkbox"/>	RSV+ve <input type="checkbox"/> RSV -ve <input type="checkbox"/> N/A	

PEWS score on admission
Work of Breathing (circle as appropriate) Recession	Normal / Tracheal Tug / Nasal Flare
Naked Weight kg
Signature: (Registered Nurse)	
<ul style="list-style-type: none"> • Infants <6 weeks with oxygen saturations <92% in air OR have severe respiratory distress OR cyanosis should receive supplement oxygen by nasal cannula. • Infants >6weeks with oxygen saturations <90% in air OR have severe respiratory distress OR cyanosis should receive supplemental oxygen by nasal cannula. 	

Patient Name:

CHI Number:.....

ASSESSMENT INFORMATION

ACTIVITY	NORMAL	CURRENT
RESPIRATORY Normal: incl. any normal issues with breathing Current: incl. Oxygen requirement And rate and work of breathing		
NUTRITION Normal: incl. normal feed regime And formula Current: incl. current feeding (eg. requires NG feeding)		
ELIMINATION Normal: incl. problems with Passing urine/constipation Current: incl. urine output while Unwell at home (eg. Drier nappies)		
REST/SLEEP Normal: incl. normal bedtime/over-night feeds Current: incl. changes in sleep Routine while unwell		
TEMPERATURE Current: incl. temperature on Admission and if pyrexial pre-admission		
PERSONAL HYGIENE Normal: incl. bath routine and any Issues with dry skin/eczema Current: incl. any current Rashes,		

dry areas)		
MOBILITY Normal: incl, walking/crawling		
COMMUNICATION	Language Spoken: Interpreter required Y <input type="checkbox"/> N <input type="checkbox"/>	
PLAY Incl, favourite toy/activity and if Attends nursery		
CULTURAL/SPIRITUAL	Religion:	
PARENT'S UNDERSTANDING OF ILLNESS	Parents understanding <input type="checkbox"/> Leaflets Given <input type="checkbox"/>	
ADDITIONAL INFORMATION :		
History taken by: (print)..... Designation:)..... Date:..... Registered Nurse (print)..... (sign).....		