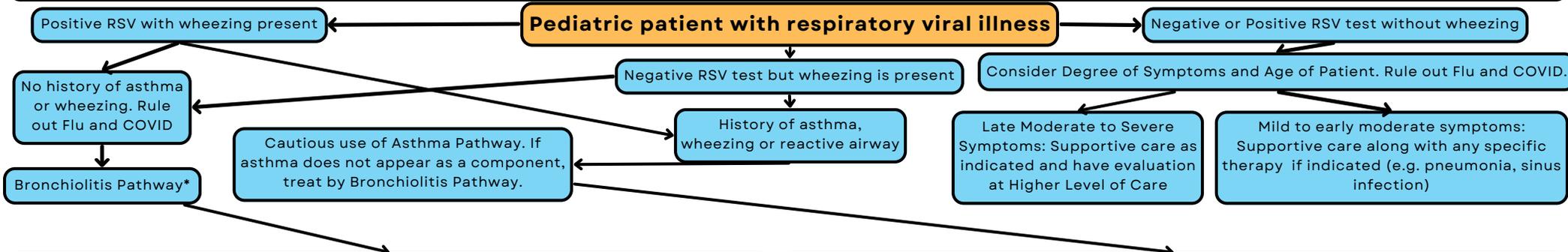


HHHN Urgent Care Flowsheet for Pediatric Patients with Respiratory Illness

This flowsheet can help guide care in pediatric patients with respiratory illness in our Urgent Care setting. It is based on the Albany Medical Center's Pediatric Asthma and Bronchiolitis pathways. Asthma pathway is meant for patients 1-17 years of age. Bronchiolitis pathway is meant for patients younger than 2 years of age.

*Based on current guidelines, Bronchiolitis alone should NOT be treated with steroids or bronchodilators. A trial of bronchodilator can be used if deemed clinically appropriate in cases where wheezing is considered to be a first-episode of asthma/reactive airway.



Modified AMC Bronchiolitis Pathway for HHHN Urgent Care

Pathway intended for children younger than 2 years of age experiencing respiratory distress from bronchiolitis

Modified AMC Asthma Pathway for HHHN Urgent Care (Patients Age 1-17)

Pathway can be cautiously used in cases of concurrent bronchiolitis

PEDIATRIC RESPIRATORY SCORE (PRS)				
	0 Points	1 Point	2 Points	3 Points
Respiratory Rate				
<2 Months		≤60	61-69	≥70
2-12 Months		≤50	51-59	≥60
1-2 Years		≤40	41-44	≥45
Retractions	None	Subcostal or Intercostal	2 of the following: Subcostal, Intercostal, Substernal OR Nasal Flaring (Infant)	3 of the following: Subcostal, Intercostal, Substernal, Suprasternal, Supraclavicular OR Nasal Flaring/Head Bobbing (Infant)
Dyspnea (0-2 years)	Normal Feeding, Vocalizations and Activity	1 of the following: Difficulty Feeding, Decreased Vocalizations	2 of the following: Difficulty Feeding, Decreased Vocalizations or Agitated	Stops Feeding, No Vocalization, Drowsy or Confused
Auscultation	Normal Breathing, No Wheezes or Rales Present	End-Expiratory Wheezes and/or Rales Only	Expiratory Wheezes and/or Rales Only (Greater than End-Expiratory Only)	Inspiratory and Expiratory Wheezes and/or Rales OR Diminished Breath Sounds OR Both

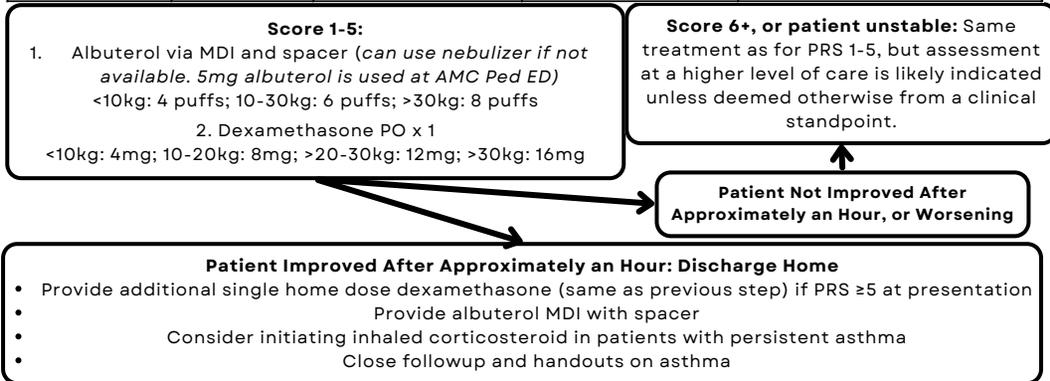
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	0 Points	1 Point	2 Points	3 Points
Respiratory Rate				
<2 Months		≤60	61-69	≥70
2-12 Months		≤50	51-59	≥60
1-2 Years		≤40	41-44	≥45
2-3 Years		≤34	35-39	≥40
4-5 Years		≤30	31-35	≥36
6-12 Years		≤26	27-30	≥31
>12 Years		≤23	24-27	≥28
Retractions	None	Subcostal or Intercostal	2 of the following: Subcostal, Intercostal, Substernal OR Nasal Flaring (Infant)	3 of the following: Subcostal, Intercostal, Substernal, Suprasternal, Supraclavicular OR Nasal Flaring/Head Bobbing (Infant)
Dyspnea				
0-2 Years	Normal Feeding, Vocalizations and Activity	1 of the following: Difficulty Feeding, Decreased Vocalizations or Agitated	2 of the following: Difficulty Feeding, Decreased Vocalizations or Agitated	Stops Feeding, No Vocalization, Drowsy or Confused
2-4 Years	Normal Feeding, Vocalizations and Play	1 of the following: Decreased Appetite, Increased Coughing after play, Hyperactivity	2 of the following: Decreased Appetite, Increased Coughing after play, Hyperactivity	Stops Eating or Drinking, Stops Playing OR Drowsy and Confused
>4 Years	Counts to ≥10 in One Breath	Counts to 7-9 in One Breath	Counts to 4-6 in One Breath	Counts to ≤3 in One Breath
Auscultation	Normal Breathing, No Wheezing Present	End-Expiratory Wheezes Only	Expiratory Wheezes Only (Greater than End-Expiratory Only)	Inspiratory and Expiratory Wheezes OR Diminished Breath Sounds OR Both

Score 1-5 and patient stable: Nasal suctioning, oral hydration and close reassessment. Discharge home if appearing clinically appropriate.

Score 6+, Patient pulse ox 90% or less, or patient unstable: May need a higher level of assessment unless clinically deemed otherwise; begin treatment for Scores 1-5.

Not Routinely Recommended: CXR, Labs

NOT Recommended: Albuterol, Steroids, Antibiotic, Epinephrine, Hypertonic, Saline, Montelukast, Deep suctioning



Score 1-5:

- Albuterol via MDI and spacer (*can use nebulizer if not available. 5mg albuterol is used at AMC Ped ED*)
 <10kg: 4 puffs; 10-30kg: 6 puffs; >30kg: 8 puffs
 2. Dexamethasone PO x 1
 <10kg: 4mg; 10-20kg: 8mg; >20-30kg: 12mg; >30kg: 16mg

Score 6+, or patient unstable: Same treatment as for PRS 1-5, but assessment at a higher level of care is likely indicated unless deemed otherwise from a clinical standpoint.

Patient Not Improved After Approximately an Hour, or Worsening

Patient Improved After Approximately an Hour: Discharge Home

- Provide additional single home dose dexamethasone (same as previous step) if PRS ≥5 at presentation
- Provide albuterol MDI with spacer
- Consider initiating inhaled corticosteroid in patients with persistent asthma
- Close followup and handouts on asthma