

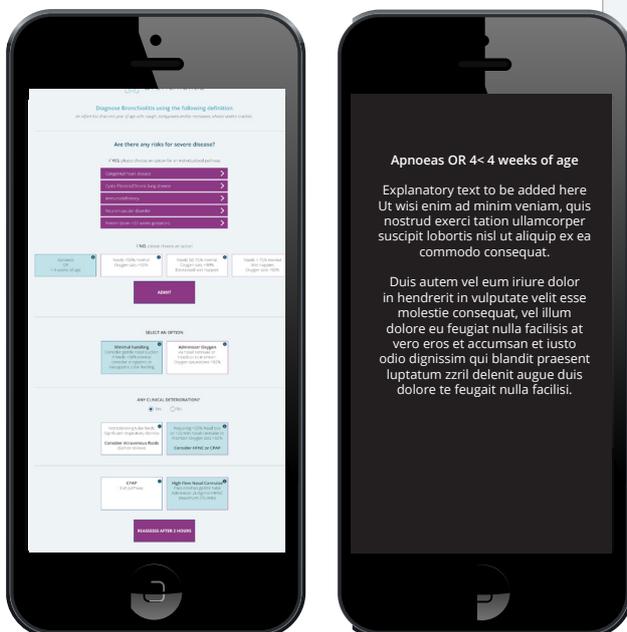
All Wales Clinical Pathway App

The Respiratory Health Implementation Group (RHIG) have commissioned the development of an All-Wales clinical pathway App; an easily accessible digital platform for all pertinent clinical pathways and guidelines for the workforce of NHS Wales. All pathways are developed with input from specialist clinicians across Wales.

The App will be accessible to all practitioners in primary and secondary care. Everyone in Wales will be able to download the pathway icon to their smart phones, tablets, and personal or work PC's. The App icon will be installed on to every PC system or Health Board intranet in NHS Wales for easy access during clinics.

Each pathway features an interactive journey, which dependent on the item selected will show further results and information matching the choices made. The user is able at any time to change their choice with the options always being available. Icons are featured throughout as an indicator that the user is in the respiratory specific pathway, for example. Selecting options will open further information as the user is passed along the pathway sequentially.

An information icon can be found in the top right corner of each box, which when clicked will reveal additional information. There is a clear hierarchy aided by dividing lines separating the sections. Arrows have been excluded from the pathway to allow formatting of different screen sizes as the pathway can be viewed using a range of devices, from a small mobile screen to a large PC monitor.



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Clinical Pathway App



Bronchiolitis

Diagnose Bronchiolitis using the following definition

An infant less than one year of age with: cough, tachypnoea and/or recessions, wheeze and/or crackles.

Are there any risks for severe disease?

If YES, please choose an option for an individualised pathway

Congenital heart disease >

Cystic Fibrosis/Chronic lung disease >

Immunodeficiency >

Neuromuscular disorder >

Preterm (born <37 weeks gestation) >

If NO, please choose an option

Apnoeas
OR
< 4 weeks of age

Feeds <50% normal
Oxygen sats <90%

Feeds 50-75% normal
Oxygen sats <90%
Decreased wet nappies

Feeds > 75% normal
Wet nappies
Oxygen sats <90%

ADMIT

SELECT AN OPTION

Minimal handling
 Consider gentle nasal suction
 If feeds <50% normal
 consider orogastric or
 nasogastric tube feeding.

Administer Oxygen
 via nasal cannulae or
 headbox to maintain
 Oxygen saturations >92%

ANY CLINICAL DETERIORATION?

Yes No

Not tolerating tube feeds
 Significant respiratory distress

Consider intravenous fluids
 (Senior review)

Requiring >50% head box
 or >2L/min nasal cannulae to
 maintain Oxygen sats >92%

Consider HFNC or CPAP

CPAP
 Exit pathway

High Flow Nasal Cannulae
 Pass oro/naso gastric tube
 Administer 2L/kg/min/HFNC
 (maximum 25L/min)

REASSESS AFTER 2 HOURS

PATIENT STATUS

Deteriorating Stable/Improving

Oxygen requirement <50%
 Maintain flow at 2L/kg
 Wean Oxygen to maintain
 Oxygen sats >92%

Oxygen requirement <30%
 Wean low flow nasal
 cannulae or head box

Safe for discharge

- Stamp in notes
- Reassure patients
- Explain expected time course
- Information leaflet
- 27 hour open access

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