Bronchiolitis requiring oxygen

Hospital in the home accepts infants with bronchiolitis who require low flow oxygen treatment after 8 hours observation in hospital. As with any other HITH admission, this requires a safe home environment and consent from caregivers.

HITH (Wallaby) admission criteria and referral

Wallaby not appropriate

- History of apnoea in this illness
- Requiring NG/IV fluids
- Lives >60km from RCH

→ Admit under General Medicine

Wallaby possible

- Pre-existing cardiac, pulmonary and neuromuscular disorders
- Corrected age < 2 months
- Social complexity (case dependent)

Wallaby appropriate

- >2 months corrected age
- Feeding adequately (>2/3 normal intake)
- Needs low flow O2 <2L/min to keep sats ≥90%
- Stable over 8 hours observation
- Pass 'safety in air test': O2 sats in air remains >80% over 15 minutes
- Would otherwise be admitted to hospital

→ Contact:

In hours

HITH fellow in hours on 52784

After hours

HITH AUM on 52598

HITH consultant on call for HITH can be contacted via switch if needed

Complete EMR HITH referral

Process prior to transfer to Wallaby:

- Parents need to consent to HITH transfer emphasising virtual management
- HITH staff will review patient and educate parents on oxygen concentrator and oximeter.
- Patient should be transferred from wall oxygen to the oxygen concentrator for at least an hour prior to transfer.
- Patient will be accepted by on call HITH consultant and transferred under a HITH bedcard whilst on Wallaby ward

HITH protocol – nursing and medical

Daily care requirements

Daily telehealth

Respiratory assessment (work of breathing, activity level, resp rate, colour)

Hydration assessment (oral intake, wet nappies, activity level)

If on oxygen, perform air test:

Turn off oxygen flow and observe patient with oxygen saturation monitoring for 15 mins

Document lowest O2 sats observed during air test

Determine need for ongoing oxygen therapy based on results of air test. If sats:

>90% = safe to cease oxygen

80-90% = safe to be at home but continue oxygen – consider reduced flow rate

<80% = needs medical telehealth review and consideration of readmission to hospital

For hourly observations via portal once oxygen therapy ceased

Patients should remain admitted post oxygen cessation for another 24 hours prior to discharge

Symptom monitoring

Patients to complete symptom monitoring three times daily – can be reduced to twice daily if stable

Afternoon telehealth review as required (symptom monitoring or morning review concerns)

Red flags for escalation

Inadequate oral intake (<3 wet nappies in 24 hours, <2/3 oral intake, clinical signs of dehydration)

If O2 saturations <80% on air test – consider whether need to transfer back to hospital

Respiratory deterioration (saturations consistently < 90% on 2l/min O_2 despite troubleshooting, apnoea, colour change, significant increase in work of breathing) – **advise family to call ambulance** (*see troubleshooting flowsheet provided to parents attached)*

Other potential issues

Parental anxiety – increase daily support/ telehealth reviews

Phone support available 24/7 for family to escalate their concerns – phone calls to come to HITH AUM in hours, after hours and escalate to HITH consultant on call as required

Readmission

HITH will liaise with General Medicine (or the most appropriate admitting team) and bed manager

If the patient is clinically stable a direct admission to the ward is preferred

If the patient is required to represent to ED, HITH will notify the ED Admitting Officer

If the patient is thought to be unstable, family are to call 000 and come to ED via ambulance

Discharge plan

24hrs post successful completion of air test & final nursing home visit for clinical assessment and collection of RCH equipment

Discharge when clinical condition improving with safety netting advice

Last update July 2022

BRONCHIOLITIS – HOME OXYGEN

Escalation flow sheet given to parents