



Bronchiolitis for observation only

Hospital in the home accepts infants with bronchiolitis not requiring respiratory or hydration support but at risk of deterioration can be admitted to HITH for monitoring. 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
- Requiring high flow oxygen
- Lives >60km from RCH

Admit under General Medicine

Wallaby possible

- On low flow oxygen – see HITH O2 protocol
- Pre-existing cardiac, pulmonary and neuromuscular disorders
- Neonates (case dependent)
- Social complexity (case dependent)

Contact:
In hours
HITH fellow in hours on 52784

Wallaby appropriate

- Maintaining O2 saturations >90% in air
- Feeding adequately (>2/3 normal intake)
- Stable clinical condition over 2-4 hours observation period
- Would otherwise be admitted to hospital for observation

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
- Observe in hospital for 4 hours with regular saturation checks >90% in room air
- If patient direct from ED then will be accepted on call HITH consultant and transferred under a HITH bedcard whilst on Wallaby ward, otherwise remains under home team bed card
- EMR referral completed



HITH protocol – nursing and medical

Daily care requirements

At least daily review (may be via telehealth unless home visit considered necessary)

Review may be medical or nursing or both depending on situation


Telehealth review includes:


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

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

Any concerns will lead to a home visit or presentation to hospital depending on acuity

Red flags for escalation

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

 Respiratory deterioration (saturations consistently < 90%, apnoea, colour change, significant increase in work of breathing) – if moderate present to ED, **if severe advise family to call ambulance**

Other potential issues

Parental anxiety – increase daily support/ telehealth reviews/ home visits

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

Readmission criteria

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

Respiratory deterioration (SaO2 consistently <90%, apnoea, colour change, significant increase in work of breathing)

If requires transfer back to hospital, the HITH team will handover care to the appropriate medical team and inform the bed manager

If urgent review required, HITH will discharge and send patient to ED via ambulance

Discharge plan

Discharge when clinical condition improving with safety netting advice