## Cough/breathlessness pathway for children ≥ 1 year of age





## Clinical support tool for remote clinical assessment

Clinical findings	Green – low risk	Amber – intermediate risk	Red – high risk
Colour Activity	<ul> <li>Normal colour of skin, lips and tongue</li> <li>Content/smiles</li> <li>Stays awake/awakens quickly</li> </ul>	Pale     No smile     Decreased activity/lethargic	<ul> <li>Blue or grey colour</li> <li>No response</li> <li>Unable to rouse or if roused does not stay awake</li> <li>Confused</li> <li>Clinical concerns about nature of cry (Weak, high pitched or continuous)</li> </ul>
Respiratory	None of amber or red symptoms	<ul> <li>RR &gt;40 breaths/min if age 12 months - 23 months</li> <li>RR &gt;35 breaths/min if age 2-5 years</li> <li>RR &gt;30 breaths/min if age 5 -12 years</li> <li>RR &gt;25 breaths/min if age &gt;12 years</li> <li>Mild / Moderate resp distress</li> <li>Audible stridor on exertion/distress only</li> </ul>	<ul> <li>Grunting</li> <li>Audible stridor at rest</li> <li>Severe tachypnoea: RR &gt; 10 breaths per minute above amber levels</li> <li>Severe respiratory distress</li> <li>Unable to complete sentences</li> </ul>
Circulation / hydration	<ul> <li>None of amber or red symptoms</li> <li>Able to tolerate some fluids</li> <li>Passing urine</li> </ul>	Cold hands and feet in absence of fever     Reduced urine output     Not tolerating fluids / repeated vomiting     Unable to swallow saliva	
Other	None of amber or red symptoms	<ul> <li>Fever for ≥ 5 days</li> <li>Risk factors for severe disease – known asthma, chronic lung disease, bronchiectasis/CF, immunodeficiency etc.</li> <li>Additional parental/carer support required</li> </ul>	Sudden onset and parental concern about inhaled foreign body



<u>Provide cough/breathlessness >1 year safety</u> <u>netting advice</u>

Confirm they are comfortable with the decisions/ advice given.

Always consider safeguarding issues

## **Amber Action**

Consider video consultation

and/or

refer to primary care service for review

## Red Action

Refer immediately to emergency care – consider whether 999 transfer or parent/taxi most appropriate based on clinical acuity etc.

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