

Cough/breathlessness <1

Clinical assessment / management tool for children



Management - Paramedic

Clinical findings	Amber – intermediate risk	Red – high risk
Colour	Normal or pale	Blue, grey or mottled
Activity	Normal or reduced response to social cues	Unable to rouse or if rouse does not stay awake Weak, high pitched or continuous cry
Respiratory	No smile Decreased activity / lethargic Irritable	No response Unable to rouse or if roused does not stay awake Weak, high pitched or continuous cry
Respiratory	RR <60 breaths/min Normal or may have mild-moderate chest recession Stridor only when distressed	RR 60+ breaths/min Severe chest recession Grunting Pauses in breathing (apnoeas) Stridor at rest
Circulation/hydration	Cap Refill Time <3 secs Reduced urine output Reduced fluid intake: 50-75% of usual intake over previous 3-4 feeds	Cap Refill Time >3 secs Cold hands and feet in absence of fever Markedly reduced fluid intake: <50% of usual intake over last 2-3 feeds
Other	Risk factors for severe illness: pre-existing lung condition, congenital heart disease, age <6 weeks (Corrected), prematurity <35 weeks, known immunodeficiency Age 3-6 months with temp ≥39° (102.2°F) Fever for ≥ 5 days Additional parental/carer support required	Age 0-3 months with temp ≥38°



Amber Action

Discuss the case with patient's GP practice
(in hours)

and/or

Discuss the case with SCAS clinical
Coordination Centre Clinician

Red Action

- Transfer immediately to local Emergency Department
- Commence Oxygen support to maintain Sats >92%
- Emergency transfer and Pre alert as necessary
- Patients under 1 do not usually benefit from salbutamol. Please discuss with receiving hospital before use
- If audible stridor please give oral dexamethasone as per JRCalc