Cough/breathlessness <1

Clinical assessment / management tool for children



Management - Paramedic

Clinical findings	Ambor intermediate rick	Pod bigh rick
Clinical findings	Amber – intermediate risk	Red – high risk
Colour Activity	Normal or pale Normal or reduced response to social cues	Blue, grey or mottled Unable to rouse or if rouse
	Normal of reduced response to social cues	Weak, high pitched or cont
Respiratory	No smile	No response
	Decreased activity / lethargic	Unable to rouse or if rouse
	Irritable	Weak, high pitched or cont
Respiratory	RR <60 breaths/min	RR 60+ breaths/min
	Normal or may have mild-moderate chest	Severe chest recession
	recession	Grunting
	Stridor only when distressed	Pauses in breathing (apnor
		Stridor at rest
Circulation/hydration	Cap Refill Time <3 secs	Cap Refill Time >3 secs
	Reduced urine output	Cold hands and feet in abs
	Reduced fluid intake: 50-75% of usual intake	Markedly reduced fluid int
	over previous 3-4 feeds	last 2-3 feeds
Other	Risk factors for severe illness: pre-existing lun	g Age 0-3 months with temp
	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	
	Amber Action	
	Discuss the case with patient's GP practic	e • Transfer imme
	(in hours)	Department
		Commence Ox
	and/or	Emergency tra
		Patients under
	Discuss the case with SCAS clinical	salbutamol. Pl
	Coordination Centre Clinician	before use
		If audible strid
		as per JRCalc

This writing of this guideline involved extensive consultation with healthcare professionals in

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer.





ouse does not stay awake continuous cry

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pnoeas)

absence of fever d intake: <50% of usual intake over

emp ≥38°



Red Action

nmediately to local Emergency nt

e Oxygen support to maintain Sats >92% / transfer and Pre alert as necessary nder 1 do not usually benefit from ol. Please discuss with receiving hospital

stridor please give oral dexamethasone

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