Cough/breathlessness in child <1 year of age





Clinical support tool for remote clinical assessment

Clinical findings	Green – low risk	Amber – intermediate risk	Red – high risk
Colour Activity	 Normal colour of skin, lips and tongue Responds normally to social cues Content/smiles Stays awake or wakens quickly Strong normal cry / not crying 	Pallor Reduced response to social cues Wakes only after prolonged stimulation	Blue or grey colour Unable to rouse or if roused does not stay awake Clinical concerns about nature of cry (Weak, high pitched or continuous)
Respiratory	None of amber or red symptoms	RR 50-70 breaths/min Mild / moderate respiratory distress Audible stridor only when distressed	Grunting RR > 70 breaths/min Severe respiratory distress Pauses in breathing (apnoeas) Audible stridor at rest
Circulation / hydration	None of amber or red symptoms	Cold hands and feet in absence of fever Reduced urine output Reduced fluid intake: 50-75% of usual intake over previous 3-4 feeds	Markedly reduced fluid intake: <50% of usual intake over last 2-3 feeds
Other	None of amber or red symptoms	 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 Lower threshold for face to face review if significant chronic co-morbidities 	 Age 0-3 months with temp ≥38° (100.4°F) Seizure



Provide <u>Cough/Colds (under 1's) safety</u> netting advice

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.

The writing of this guideline involved extensive consultation with healthcare professionals in Wessex

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.