**CCTH – Wheeze & Bronchiolitis Pathway**

Diagnosis: Viral respiratory illness

Exacerbation of asthma

Viral induced wheeze.

Discharge criteria to CCTH-

Systemically well and observations within normal limits for age.

Saturations above 92% in air for at least 6 hours including one period of sleep.

Salbutamol frequency weaned to 4 hours for one dose.

Tolerating 75% of fluid requirements for age.

Follow e-referral pathway and ensure acceptance by CCTH before discharge.

Discharged from hospital with CCTH leaflet, documentation including observation chart, medication and wheeze education pack (if required)

CCTH to monitor and record observations, provide support with inhaler technique and frequency according to discharge plan, review fluid intake and provide advice and support in relation to ongoing fluid management.

Virtual discussion with consultant during handover and liaison with paediatric medical team if required.

* Saturations >92%
* Tolerating 75% of fluid requirements.
* Inhaler >4 hourly

CCTH to follow wheeze/ asthma/ bronchiolitis guidelines for ongoing management and support.

* Feeds below 75% of requirements
* Saturations <92% in air
* Requiring salbutamol <4 hourly

Discuss with paediatric team regarding if reassessment in GUH is required.

Discharge from CCTH when tolerating >75% of fluid for 24 hours, maintaining saturations in air for 24 hours, no ongoing support required.

Remove from Virtual ward and database.



**NB: All patients have direct open access to the acute area whilst under the care of the CCTH.**