



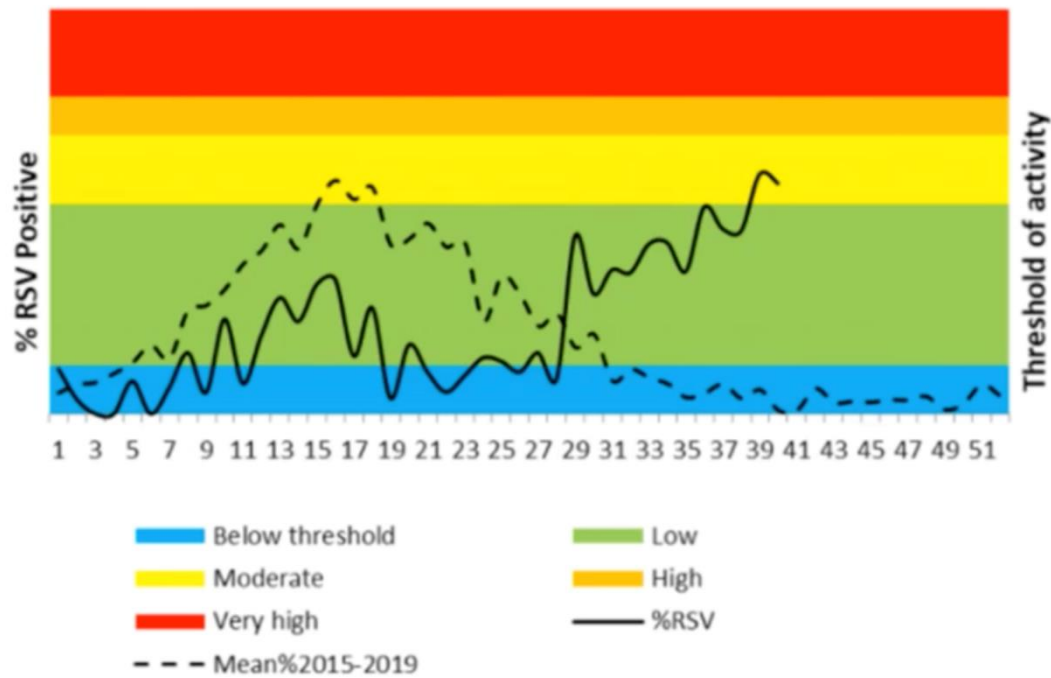
# Barnsley Healthcare Federation

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## Managing Respiratory Syncytial Virus (RSV) Infection

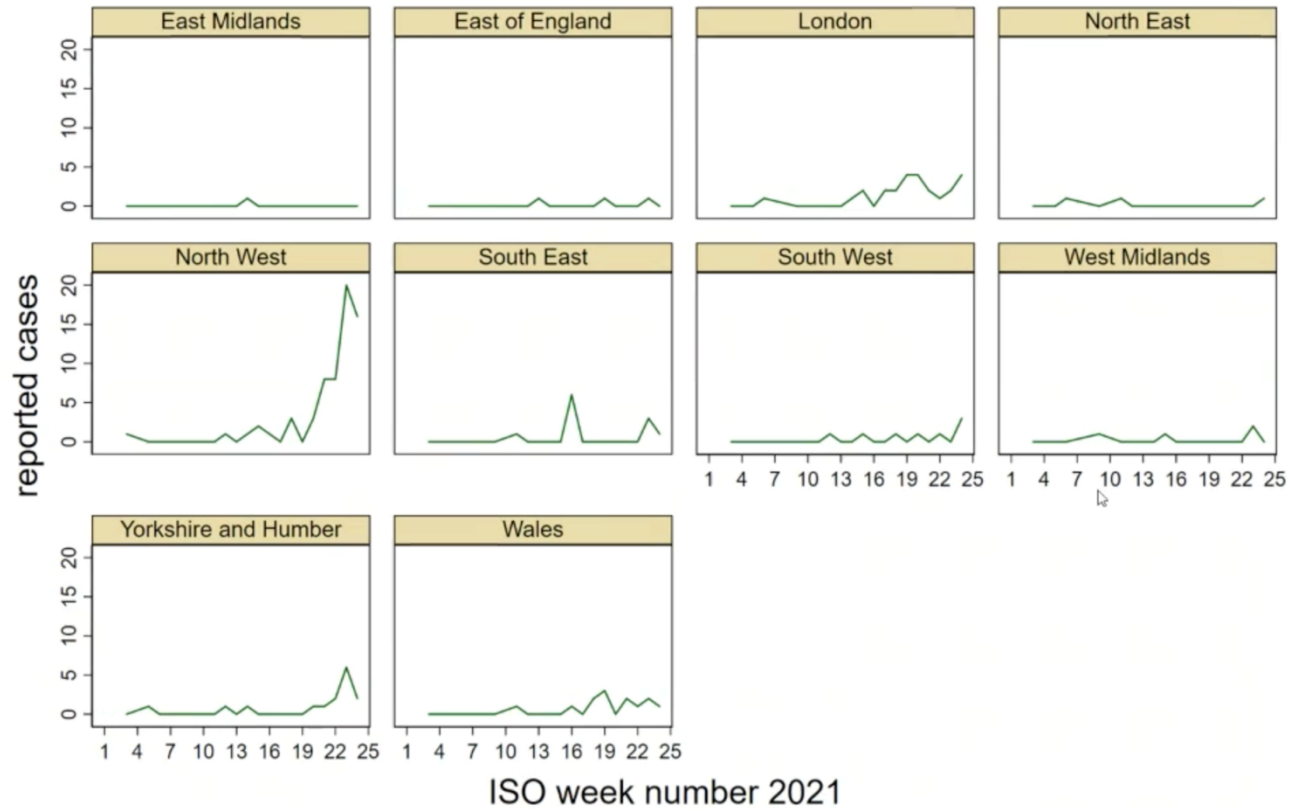


## South Africa





## SGSS reported RSV cases aged <1 by region



data extracted using vw\_Weekly\_Exceedance



## Potential activity

Scenario	Volume	Peak daily admissions	95% period	95% length
Ordinary year	33,516	627	Weeks 41 to 1	12 weeks
+20%	40,219	627	Weeks 40 to 2	14 weeks
+50%	50,274	627	Weeks 38 to 4	18 weeks
+100% (broad peak)	67,122	627	Weeks 35 to 7	24 weeks
+100% (narrow peak)	67,122	1033	Weeks 40 to 2	14 weeks



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- Information from NHS England & NHS Improvement Forum
- Video available by the following link

[PAEDIATRIC RESPIRATORY ILLNESS VIRTUAL EVENT: CROSS-SECTOR PANEL DISCUSSION - National Deterioration Forum - FutureNHS Collaboration Platform](#)

# Reason for Discussion:



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- RSV guidance is unchanged
- Anticipated significant rise in RSV infections this coming Autumn/Winter so need to be aware of this
- It is anticipated that RSV will not only impact the 1-12 months but also toddlers who have not been exposed during lockdown

# Potential Challenges to Discuss:

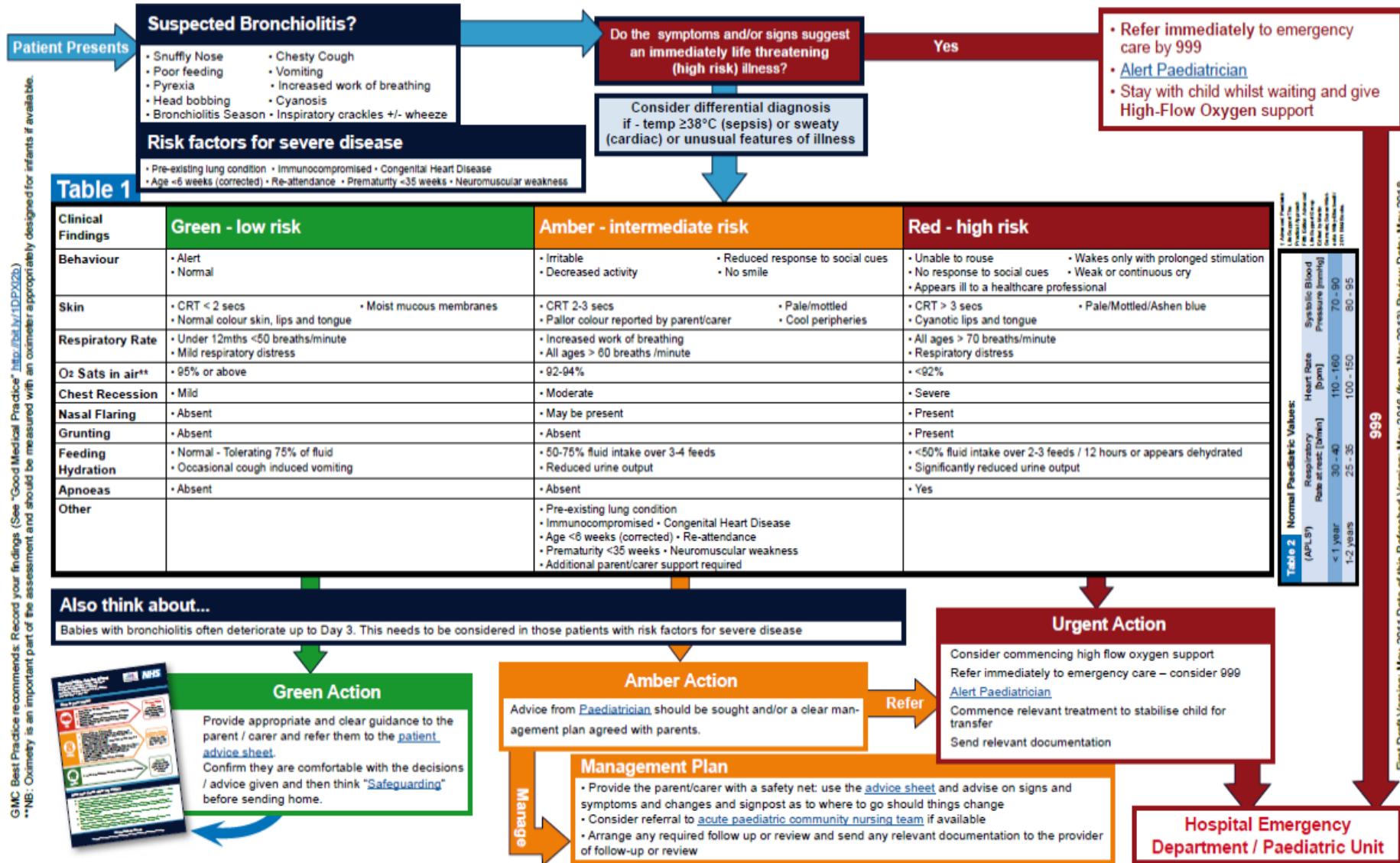
- Educating parents/carers about the condition & frequency
- Challenges with telephone triage
- New social dynamic where coughing/spluttering less socially acceptable
- Challenges differentiating between viral diagnosis

# Bronchiolitis Pathway

Clinical Assessment / Management Tool for Children Younger than 1 year old with suspected Bronchiolitis



## Management - Primary Care and Community Settings



GMC: Best Practice recommends: Record your findings (See "Good Medical Practice" <http://bit.ly/1D2X02b>)  
\*\*NB: Oxygen is an important part of the assessment and should be measured with an oximeter appropriately designed for infants if available.

First Draft Version: May 2011 Date of this Refreshed Version: May 2016 (from Nov 2013) Review Date: May 2018.



# Educating Parents:



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- How can we empower parents & educate on managing babies that do not require secondary care?
- What resources do you use presently that you could share?

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## Example resources:

- Healthier together – patient information leaflet (available on BEST website to give to parents)
- Handi app (available on i-phone/android)
- <https://child-cough.bristol.ac.uk/common-symptoms/>

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## Bronchiolitis Advice Sheet

(a cause of persistent cough, mild fever and feeding difficulties in infants)

Advice for parents and carers of children younger than 1 year old



### How is your child?



RED

If your child has any of the following:

- Has blue lips
- Has pauses in their breathing (apnoeas) or has an irregular breathing pattern or starts grunting
- Severe difficulty in breathing - too breathless to feed
- Becomes pale, mottled and feels abnormally cold to touch
- Becomes extremely agitated, confused or very lethargic (difficult to wake)
- Is under 3 months of age with a temperature of 38°C / 100.4°F or above (unless fever in the 48 hours following vaccinations and no other red or amber features)

**You need urgent help**  
please phone 999  
or go to the nearest  
Hospital Emergency  
(A&E) Department



AMBER

If your child has any of the following:

- Has laboured/rapid breathing or they are working hard to breath - drawing in of the muscles below their lower ribs, at their neck or between their ribs (recession).
- Seems dehydrated (sunken eyes, drowsy or no urine passed for 12 hours)
- Is becoming drowsy (excessively sleepy)
- Seems to be getting worse or if you are worried

**You need to contact a  
doctor or nurse today.**  
Please ring your GP  
surgery or call NHS 111  
- dial 111



GREEN

- If none of the features in the red or amber boxes above are present.

**Self Care**  
Using the advice below  
you can provide the  
care your child needs  
at home

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- Potential opportunity to discuss smoking in the family home as that increases susceptibility to child infections (even if smoke outside)
- Data used suggested if parent smoked 10/day then child predicted to have had the equivalent of 10/year.

# Safety netting key points:



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- Bronchiolitis is viral so antibiotics will not work
- Limited things parents can do to prevent it (normal part of babies developing immunity)
- Need to support baby through it (reduce volume of feed but increase frequency of feeding) i.e half amount/double freq
- May get worse before it gets better (day 3-5)
- Provide reassurance and resources and advise may recur multiple times.
- When they need to seek advice: feeding <50% of normal/sucking in under ribs/grunting/no wet nappy in 12 hours

# Differentials:



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- COVID 19 infection will be a differential and will need to be considered/ruled out
- Given the older age group potentially viral induced wheeze (secondary care may recommend 10 puffs salbutamol if patient is being admitted)
- Consultant advised against salbutamol for those <10 months as likely will not respond to it and potential link to ventilation/perfusion mismatch