

Cough/breathlessness pathway for children ≥ 1 year of age



Clinical support tool for remote clinical assessment

Clinical findings	Green – low risk	Amber – intermediate risk	Red – high risk
Colour Activity	<ul style="list-style-type: none"> Normal colour of skin, lips and tongue Content/smiles Stays awake/awakens quickly 	<ul style="list-style-type: none"> Pale No smile Decreased activity/lethargic 	<ul style="list-style-type: none"> Blue or grey colour No response Unable to rouse or if roused does not stay awake Confused Clinical concerns about nature of cry (Weak, high pitched or continuous)
Respiratory	<ul style="list-style-type: none"> None of amber or red symptoms 	<ul style="list-style-type: none"> RR >40 breaths/min if age 12 months - 23 months RR >35 breaths/min if age 2-5 years RR >30 breaths/min if age 5 -12 years RR >25 breaths/min if age >12 years Mild / Moderate resp distress Audible stridor on exertion/distress only 	<ul style="list-style-type: none"> Grunting Audible stridor at rest Severe tachypnoea: RR > 10 breaths per minute above amber levels Severe respiratory distress Unable to complete sentences
Circulation / hydration	<ul style="list-style-type: none"> None of amber or red symptoms Able to tolerate some fluids Passing urine 	<ul style="list-style-type: none"> Cold hands and feet in absence of fever Reduced urine output Not tolerating fluids / repeated vomiting Unable to swallow saliva 	
Other	<ul style="list-style-type: none"> None of amber or red symptoms 	<ul style="list-style-type: none"> Fever for ≥ 5 days Risk factors for severe disease – known asthma, chronic lung disease, bronchiectasis/CF, immunodeficiency etc. Additional parental/carer support required 	<ul style="list-style-type: none"> Sudden onset and parental concern about inhaled foreign body

Green Action	Amber Action	Red Action
Provide Cough/Colds (over 1's) safety netting advice Confirm they are comfortable with the decisions/ advice given. Always consider safeguarding issues	Consider video consultation and/or refer to primary care service for review	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.