

Healthier Together Pathways

Abdominal Pain Pathway

Clinical Assessment/Management tool for Children
Primary and Community Care Settings

PRIORITIES OF CLINICAL ASSESSMENT

- Express personal medical concerns from an assessment or history of ailment
- Ensure well-hydrated and sufficient pain relief provided
- Further assessment falls in the amber or red criteria phase ensure safety and advice/transfer for urgent assessment
- Individual pain and/or swelling should be noted with an emergency, please call your local out-of-hours with the age of your child so you have available treatment advice, otherwise transfer to ED

RED FLAGS

- Assessment prior assessment with previous conditions - Children
- Associated with illness severity (eg meningitis) - Obstruction
- Associated with blood or stools or abnormal pain - Intussusception
- Associated with vomiting - Hepatitis, Splenic
- Associated with other symptoms - Liver, some pneumonia
- Associated with high temperature - meningitis

Assessment

	Green	Amber	Red
History	• Child looks well and interactive • Feeding, fluids and stools • Passing urine and normal vital signs - well response to the age of abdominal/painful before symptoms • All observations within normal limits	• Managing half of usual fluid amount and passing urine 8 hourly • Still feeding but not well • Lying on the abdomen or bringing knees close to the abdomen • Normal abdominal examination with some tenderness	• Not feeding not well • Consideration with Tetanus/Typhoid/Tuberculosis • Concern pain • Faint • Not responding to analgesia • Not responding to fluids • Abnormal vital signs
Examination	• Abdomen soft with no tenderness • High bowel on examination • Normal active bowel sounds	• Tenderness on examination • Slow bowel sounds	• Guarding and/or not moving with separation • Central rigidity • Abdominal distension • Bowel sounds absent or high pitched • Abnormal vital signs
Management	• If small baby consider solutions with protein intolerance • Encourage oral fluids • Assess one every 8-9 hours and passing normal stools	• Pain management and identify cause • Offer paracetamol/ibuprofen	• Consider all differentials • Refer to ED • Consider analgesia • Request urgent admission for surgery • Call 999 if not improved

Action

	Green Action	Amber Action	Red Action
	• Fully safety netting and home care • See: Caring for Sick Child, East and West Sussex Children's Healthline, 24hr helpline	• Review in 24-48 hours • If any concern discuss with local Paediatric team for advice	• Refer to ED • Request Paediatric or Paediatric Intensive Care Unit (PICU) if not improved • Call 999 if not improved

This pathway has been reviewed and adopted by healthcare professionals across North East and North Carolina with consent from the Hampshire Development group

Abdominal pain

Asthma Pathway

Clinical Assessment/Management tool for Children
Primary and Community Care Settings

PRIORITIES OF CLINICAL ASSESSMENT

- Express personal medical concerns from an assessment or history of ailment
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- Individual pain and/or swelling should be noted with an emergency, please call your local out-of-hours with the age of your child so you have available treatment advice, otherwise transfer to ED

RED FLAGS

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- Associated with high temperature - meningitis

Assessment

	Green - Mild Exacerbation	Amber - Moderate	Red - Severe	Purple Life Threatening
History	• SOB < 10% • PEF > 70% best or predicted • No clinical features of severe asthma	• SOB 10-20% • PEF 50-70% best or predicted • No clinical features of severe asthma	• SOB > 20% • PEF < 50% best or predicted • Ineffective > 20min • PEF response after 20min • No clinical features of severe asthma	• SOB > 20% • PEF < 30% best or predicted • Ineffective > 20min • PEF response after 20min • No clinical features of severe asthma
Management	• Inhaler 2-3 puffs as spacer • Consider Prednisolone 30-40mg • Phosphorus after 20 minutes	• Inhaler 4-6 puffs as spacer • Nebulised Salbutamol 5mg • Salbutamol Inhaler 500-1000mg • Salbutamol Inhaler 500-1000mg • If poor response add Nebulised Salbutamol 5mg • If poor response repeat every 20-30 mins until asthma improves	• Oxygen via face mask to achieve normal saturations • Nebulised Salbutamol 5mg • Salbutamol Inhaler 500-1000mg • Salbutamol Inhaler 500-1000mg • If poor response repeat every 20-30 mins until asthma improves	• Oxygen via face mask to achieve normal saturations • Nebulised Salbutamol 5mg plus Nebulised Budesonide 2500micrograms • Nebulised Salbutamol 5mg plus Nebulised Budesonide 2500micrograms • Nebulised Salbutamol 5mg plus Nebulised Budesonide 2500micrograms • Nebulised Salbutamol 5mg plus Nebulised Budesonide 2500micrograms • Nebulised Salbutamol 5mg plus Nebulised Budesonide 2500micrograms
Action	• Response to Inhaler • Continue Salbutamol up to 8 hourly • Continue any pre-prescribed inhaled steroids • Monitor peak expiratory flow rate (PEFR)	• Response to treatment • Continue using salbutamol up to 4 hourly • Continue any pre-prescribed inhaled steroids • Monitor PEFs and seek advice if drops	• Administer 10L • Oxygen per cent • Administer 10L • Nebulised Salbutamol 5mg plus Nebulised Budesonide 2500micrograms • Nebulised Salbutamol 5mg plus Nebulised Budesonide 2500micrograms • Nebulised Salbutamol 5mg plus Nebulised Budesonide 2500micrograms • Nebulised Salbutamol 5mg plus Nebulised Budesonide 2500micrograms	• Call 999 • Stay with child • Refer to paediatric team

Follow Up

This pathway has been reviewed and adopted by healthcare professionals across North East and North Carolina with consent from the Hampshire Development group

Asthma

Bronchiolitis Pathway

Clinical Assessment/Management tool for Children
Primary and Community Care Settings

PRIORITIES OF CLINICAL ASSESSMENT

- Express personal medical concerns from an assessment or history of ailment
- Ensure well-hydrated and sufficient pain relief provided
- Further assessment falls in the amber or red criteria phase ensure safety and advice/transfer for urgent assessment
- Individual pain and/or swelling should be noted with an emergency, please call your local out-of-hours with the age of your child so you have available treatment advice, otherwise transfer to ED

RED FLAGS

- Assessment prior assessment with previous conditions - Children
- Associated with illness severity (eg meningitis) - Obstruction
- Associated with blood or stools or abnormal pain - Intussusception
- Associated with vomiting - Hepatitis, Splenic
- Associated with other symptoms - Liver, some pneumonia
- Associated with high temperature - meningitis

Assessment

	Green - Low Risk	Amber - Medium Risk	Red - High Risk
Respiratory	• Tachypnoea < 50/min • Normal chest examination • Normal oxygen saturation • Normal feeding • Normal hydration	• Increased work of breathing • Tachypnoea > 50/min • Normal chest examination • Normal oxygen saturation • Normal feeding • Normal hydration	• All ages > 70 breaths/minute • Tachypnoea > 70/min • Chest exam abnormal • Poor feeding • Poor hydration • Apnoea > 10s • O2 Sat below 92% over 2-3 hours • Significant weight loss
Colour and Activity	• Normal colour of skin, lips and tongue • Normal mucous membranes • Normal activity	• Mild cyanosis • Mild tachypnoea • Mild tachypnoea • Mild tachypnoea • Mild tachypnoea	• No response to social cues • Apnoea > 10s • Cyanosis • Poor hydration • Poor hydration • Poor hydration
Other	• Perforating lung condition • Congenital Heart Disease • Age < 6 weeks corrected • The underlying cause • Neuromuscular Weakness • Additional paediatric support required	• Consider commencing high flow oxygen support • Refer to paediatric team for advice • Consider referral to paediatric team if not improved • Consider referral to paediatric team if not improved • Consider referral to paediatric team if not improved	• Refer to paediatric team for advice • Consider referral to paediatric team if not improved • Consider referral to paediatric team if not improved • Consider referral to paediatric team if not improved

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Bronchiolitis Pathway

Chest Infection (Pneumonia) Pathway

Clinical Assessment/Management tool for Children
Primary and Community Care Settings

PRIORITIES OF CLINICAL ASSESSMENT

- Express personal medical concerns from an assessment or history of ailment
- Ensure well-hydrated and sufficient pain relief provided
- Further assessment falls in the amber or red criteria phase ensure safety and advice/transfer for urgent assessment
- Individual pain and/or swelling should be noted with an emergency, please call your local out-of-hours with the age of your child so you have available treatment advice, otherwise transfer to ED

RED FLAGS

- Assessment prior assessment with previous conditions - Children
- Associated with illness severity (eg meningitis) - Obstruction
- Associated with blood or stools or abnormal pain - Intussusception
- Associated with vomiting - Hepatitis, Splenic
- Associated with other symptoms - Liver, some pneumonia
- Associated with high temperature - meningitis

Assessment

	Mild	Moderate	Severe
History	• Fever < 38.5°C • Tachypnoea < 50/min • Normal chest examination • Normal oxygen saturation • Normal feeding • Normal hydration	• Fever > 38.5°C • Tachypnoea > 50/min • Normal chest examination • Normal oxygen saturation • Normal feeding • Normal hydration	• Fever > 39°C • Tachypnoea > 70/min • Abnormal chest examination • Abnormal oxygen saturation • Poor feeding • Poor hydration
Management	• Paracetamol/ibuprofen • Encourage oral fluids • Monitor peak expiratory flow rate (PEFR)	• Paracetamol/ibuprofen • Encourage oral fluids • Monitor peak expiratory flow rate (PEFR)	• Paracetamol/ibuprofen • Encourage oral fluids • Monitor peak expiratory flow rate (PEFR)
Action	• Response to treatment • Continue using paracetamol/ibuprofen • Monitor PEFs and seek advice if drops	• Response to treatment • Continue using paracetamol/ibuprofen • Monitor PEFs and seek advice if drops	• Response to treatment • Continue using paracetamol/ibuprofen • Monitor PEFs and seek advice if drops

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Chest Infection

Constipation Pathway

Clinical Assessment/Management tool for Children
Primary and Community Care Settings

PRIORITIES OF CLINICAL ASSESSMENT

- Express personal medical concerns from an assessment or history of ailment
- Ensure well-hydrated and sufficient pain relief provided
- Further assessment falls in the amber or red criteria phase ensure safety and advice/transfer for urgent assessment
- Individual pain and/or swelling should be noted with an emergency, please call your local out-of-hours with the age of your child so you have available treatment advice, otherwise transfer to ED

RED FLAGS

- Assessment prior assessment with previous conditions - Children
- Associated with illness severity (eg meningitis) - Obstruction
- Associated with blood or stools or abnormal pain - Intussusception
- Associated with vomiting - Hepatitis, Splenic
- Associated with other symptoms - Liver, some pneumonia
- Associated with high temperature - meningitis

Assessment

	Green - Low Risk	Amber - Medium Risk	Red - High Risk
History	• No abdominal pain • No vomiting • No blood in stool • No weight loss • No failure to thrive	• Abdominal pain • Vomiting • Blood in stool • Weight loss • Failure to thrive	• Severe abdominal pain • Persistent vomiting • Blood in stool • Weight loss • Failure to thrive
Management	• Encourage oral fluids • Monitor peak expiratory flow rate (PEFR)	• Encourage oral fluids • Monitor peak expiratory flow rate (PEFR)	• Encourage oral fluids • Monitor peak expiratory flow rate (PEFR)
Action	• Response to treatment • Continue using paracetamol/ibuprofen • Monitor PEFs and seek advice if drops	• Response to treatment • Continue using paracetamol/ibuprofen • Monitor PEFs and seek advice if drops	• Response to treatment • Continue using paracetamol/ibuprofen • Monitor PEFs and seek advice if drops

This pathway has been reviewed and adopted by healthcare professionals across North East and North Carolina with consent from the Hampshire Development group

Constipation

Cough and/or Breathlessness pathway for children ≥ 1 of year of age

Clinical Assessment/Management tool for Children
Primary and Community Care Settings

PRIORITIES OF CLINICAL ASSESSMENT

- Express personal medical concerns from an assessment or history of ailment
- Ensure well-hydrated and sufficient pain relief provided
- Further assessment falls in the amber or red criteria phase ensure safety and advice/transfer for urgent assessment
- Individual pain and/or swelling should be noted with an emergency, please call your local out-of-hours with the age of your child so you have available treatment advice, otherwise transfer to ED

RED FLAGS

- Assessment prior assessment with previous conditions - Children
- Associated with illness severity (eg meningitis) - Obstruction
- Associated with blood or stools or abnormal pain - Intussusception
- Associated with vomiting - Hepatitis, Splenic
- Associated with other symptoms - Liver, some pneumonia
- Associated with high temperature - meningitis

Assessment

	Green - Low Risk	Amber - Medium Risk	Red - High Risk
Respiratory	• No wheeze or no symptoms • Normal chest examination • Normal oxygen saturation • Normal feeding • Normal hydration	• Wheeze • Tachypnoea > 50/min • Normal chest examination • Normal oxygen saturation • Normal feeding • Normal hydration	• Cyanosis • Tachypnoea > 70/min • Abnormal chest examination • Poor feeding • Poor hydration
Colour and Activity	• Normal colour of skin, lips and tongue • Normal mucous membranes • Normal activity	• Mild cyanosis • Mild tachypnoea • Mild tachypnoea • Mild tachypnoea	• No response to social cues • Apnoea > 10s • Cyanosis • Poor hydration • Poor hydration
Other symptoms and signs	• None of amber or red symptoms	• Fever > 38.5°C • High fever for severe disease - broken skin, chronic lung disease • Additional paediatric support required	• Sudden onset and parental concern about child's foreign body • Consider referral to paediatric team if not improved • Consider referral to paediatric team if not improved

This pathway has been reviewed and adopted by healthcare professionals across North East and North Carolina with consent from the Hampshire Development group

Cough and/or Breathlessness over 1 year

Healthier Together Pathways

Cough/breathlessness in child < 1 year of age

Clinical Assessment/Management Tool for Children

Healthier Together Primary and Community Care Settings

CLINICAL FINDINGS	GREEN LOW RISK	AMBER MEDIUM RISK	RED HIGH RISK
Respiratory	• None of either or red symptoms	• Age 10-12 months • Mild/moderate respiratory distress • Audible wheeze only when agitated	• Wheezing • HR > 70 breaths/min • Severe respiratory distress • Flashes in breathing (spontaneous) audible wheeze at rest
Constitution and Physical Signs	• None of either or red symptoms • Able to tolerate some fluids • Feeding well	• Mildly reduced fluid intake • 50% of usual intake over previous 2-3 feeds	• 100% of usual intake over last 2-3 feeds
Colour and Activity	• Normal colour of skin, lips and tongue • Responsive normally to social cues • Content/relaxed • Feeds awake or asleep quietly • Feeding normal or near normal	• Pale • Disturbed response to social cues • Makes only other prolonged observations	• Bluish or grey tinted • Unsettled in nature if moved does not stay awake • Clinical concerns about colour of skin, high pitched or wheezy (HR)
Other symptoms and signs	• None of either or red symptoms	• Risk factors for severe disease: prematurity, lung condition, congenital heart disease, age < 6 months (chronically), prematurity < 30 weeks • Age 1-12 months with: • Fever > 3 days • Additional pneumonia support required • Fever threshold for 1 year to review if significant illness not established	• Age 5-12 months with long HR • HR > 160
GREEN ACTION	• Provide cough/breathlessness in children under 1 year safety advice • Confirm they are comfortable with the decision/ advice given • Always consider safeguarding issues	• Safety net and consider planning review or advise about what to do if worsens	• Refer immediately to emergency care – consider whether 999 or ambulance or paediatric most appropriate based on clinical acuity etc.

This guidance has been reviewed and adapted by healthcare professionals across South East and North Central with consent from the Hampshire development group.

Cough and/or Breathlessness 1 year and under

Croup Pathway

Clinical Assessment/Management tool for Children

Healthier Together Primary and Community Care Settings

DESCRIPTION OF CLINICAL ASSESSMENT	Consider Alternative Diagnoses	RED FLAGS
<ul style="list-style-type: none"> Assess work of breathing and respiration Additional concern e.g. wheeze or stridor Age 1-18 months* Any stridor History of foreign body (FB) Severe Appearance 	<ul style="list-style-type: none"> Foreign body (FB) (acute onset, choking/episodes, lack of oxygen, lower risk) Epiglottitis and bacterial (high fever, systemically unwell, unable to breathe) 	<ul style="list-style-type: none"> History suggestive of foreign body Features of respiratory arrest/compromise Leaves unwell Unsettled

Assessment Table	GREEN LOW RISK	AMBER MEDIUM RISK	RED HIGH RISK
Stridor	• Only at night • No stridor • Breathing normally	• Stridor when agitated • Stridor at rest or asleep • Working hard to breathe (working level)	• Stridor at rest • Breathing any fast • Working hard to breathe (working level) • Very noisy breathing or noisy sounds (noisy wheezing, grunting) • Not able to talk (because they can't breathe properly)
Colour and Constitution	• Normal colour of skin, lips, and tongue	• Looking pale • Dry skin, lips or tongue • Not happy or not feed a week in last 12 hours	• Very cold hands or feet • Difficult to wake up, very sleepy • Confused, does not recognise you • Vomiting and/or diarrhoea • Blue, high pitched, or continuous cry
Activity	• Feeding and responding normally • Good wettable or wets normally • Active, strong	• Poor feeding/indistinct or not drinking (milk/food)	• Temperature 38°C or above in babies 3-6 months • Fever for more than 3 days • Temperature 39°C or more if baby is less than 3 months
Other		• Temperature 38°C or more if baby is less than 3 months	• Temperature 39°C or more if baby is less than 3 months

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Croup

Diarrhoea and/or Vomiting (Gastroenteritis) Pathway

Clinical Assessment/Management Tool for Children

Healthier Together Primary and Community Care Settings

DESCRIPTION OF CLINICAL ASSESSMENT	Consider any of the following as possible indicators of abnormal illness	RED FLAGS - History of Illness
<ul style="list-style-type: none"> Diarrhoea and/or vomiting Age 1-18 months* Any stridor History of foreign body (FB) Severe Appearance 	<ul style="list-style-type: none"> Foreign body (FB) (acute onset, choking/episodes, lack of oxygen, lower risk) Epiglottitis and bacterial (high fever, systemically unwell, unable to breathe) 	<ul style="list-style-type: none"> History suggestive of foreign body Features of respiratory arrest/compromise Leaves unwell Unsettled

Assessment Table	GREEN LOW RISK	AMBER MEDIUM RISK	RED HIGH RISK
Stridor	• Only at night • No stridor • Breathing normally	• Stridor when agitated • Stridor at rest or asleep • Working hard to breathe (working level)	• Stridor at rest • Breathing any fast • Working hard to breathe (working level) • Very noisy breathing or noisy sounds (noisy wheezing, grunting) • Not able to talk (because they can't breathe properly)
Colour and Constitution	• Normal colour of skin, lips, and tongue	• Looking pale • Dry skin, lips or tongue • Not happy or not feed a week in last 12 hours	• Very cold hands or feet • Difficult to wake up, very sleepy • Confused, does not recognise you • Vomiting and/or diarrhoea • Blue, high pitched, or continuous cry
Activity	• Feeding and responding normally • Good wettable or wets normally • Active, strong	• Poor feeding/indistinct or not drinking (milk/food)	• Temperature 38°C or above in babies 3-6 months • Fever for more than 3 days • Temperature 39°C or more if baby is less than 3 months
Other		• Temperature 38°C or more if baby is less than 3 months	• Temperature 39°C or more if baby is less than 3 months

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Diarrhoea and/or Vomiting (Gastroenteritis)

Earache Pathway

Clinical Assessment/Management tool for Children

Healthier Together Primary and Community Care Settings

DESCRIPTION OF CLINICAL ASSESSMENT	GREEN LOW RISK	AMBER MEDIUM RISK	RED HIGH RISK
<ul style="list-style-type: none"> Assess work of breathing and respiration Additional concern e.g. wheeze or stridor Age 1-18 months* Any stridor History of foreign body (FB) Severe Appearance 	<ul style="list-style-type: none"> Foreign body (FB) (acute onset, choking/episodes, lack of oxygen, lower risk) Epiglottitis and bacterial (high fever, systemically unwell, unable to breathe) 	<ul style="list-style-type: none"> History suggestive of foreign body Features of respiratory arrest/compromise Leaves unwell Unsettled 	

Assessment Table	GREEN LOW RISK	AMBER MEDIUM RISK	RED HIGH RISK
Stridor	• Only at night • No stridor • Breathing normally	• Stridor when agitated • Stridor at rest or asleep • Working hard to breathe (working level)	• Stridor at rest • Breathing any fast • Working hard to breathe (working level) • Very noisy breathing or noisy sounds (noisy wheezing, grunting) • Not able to talk (because they can't breathe properly)
Colour and Constitution	• Normal colour of skin, lips, and tongue	• Looking pale • Dry skin, lips or tongue • Not happy or not feed a week in last 12 hours	• Very cold hands or feet • Difficult to wake up, very sleepy • Confused, does not recognise you • Vomiting and/or diarrhoea • Blue, high pitched, or continuous cry
Activity	• Feeding and responding normally • Good wettable or wets normally • Active, strong	• Poor feeding/indistinct or not drinking (milk/food)	• Temperature 38°C or above in babies 3-6 months • Fever for more than 3 days • Temperature 39°C or more if baby is less than 3 months
Other		• Temperature 38°C or more if baby is less than 3 months	• Temperature 39°C or more if baby is less than 3 months

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Earache

Fever Pathway

Clinical Assessment/Management tool for Children

Healthier Together Primary and Community Care Settings

DESCRIPTION OF CLINICAL ASSESSMENT	Consider Alternative Diagnoses	RED FLAGS
<ul style="list-style-type: none"> Assess work of breathing and respiration Additional concern e.g. wheeze or stridor Age 1-18 months* Any stridor History of foreign body (FB) Severe Appearance 	<ul style="list-style-type: none"> Foreign body (FB) (acute onset, choking/episodes, lack of oxygen, lower risk) Epiglottitis and bacterial (high fever, systemically unwell, unable to breathe) 	<ul style="list-style-type: none"> History suggestive of foreign body Features of respiratory arrest/compromise Leaves unwell Unsettled

Assessment Table	GREEN LOW RISK	AMBER MEDIUM RISK	RED HIGH RISK
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Colour and Constitution	• Normal colour of skin, lips, and tongue	• Looking pale • Dry skin, lips or tongue • Not happy or not feed a week in last 12 hours	• Very cold hands or feet • Difficult to wake up, very sleepy • Confused, does not recognise you • Vomiting and/or diarrhoea • Blue, high pitched, or continuous cry
Activity	• Feeding and responding normally • Good wettable or wets normally • Active, strong	• Poor feeding/indistinct or not drinking (milk/food)	• Temperature 38°C or above in babies 3-6 months • Fever for more than 3 days • Temperature 39°C or more if baby is less than 3 months
Other		• Temperature 38°C or more if baby is less than 3 months	• Temperature 39°C or more if baby is less than 3 months

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Fever

Fits, Faints and Funny Turns Pathway

Clinical Assessment/Management tool for Children

Healthier Together Primary and Community Care Settings

DESCRIPTION OF CLINICAL ASSESSMENT	Consider any of the following as possible indicators of abnormal illness	RED FLAGS - History of Illness
<ul style="list-style-type: none"> Diarrhoea and/or vomiting Age 1-18 months* Any stridor History of foreign body (FB) Severe Appearance 	<ul style="list-style-type: none"> Foreign body (FB) (acute onset, choking/episodes, lack of oxygen, lower risk) Epiglottitis and bacterial (high fever, systemically unwell, unable to breathe) 	<ul style="list-style-type: none"> History suggestive of foreign body Features of respiratory arrest/compromise Leaves unwell Unsettled

Assessment Table	GREEN LOW RISK	AMBER MEDIUM RISK	RED HIGH RISK
Stridor	• Only at night • No stridor • Breathing normally	• Stridor when agitated • Stridor at rest or asleep • Working hard to breathe (working level)	• Stridor at rest • Breathing any fast • Working hard to breathe (working level) • Very noisy breathing or noisy sounds (noisy wheezing, grunting) • Not able to talk (because they can't breathe properly)
Colour and Constitution	• Normal colour of skin, lips, and tongue	• Looking pale • Dry skin, lips or tongue • Not happy or not feed a week in last 12 hours	• Very cold hands or feet • Difficult to wake up, very sleepy • Confused, does not recognise you • Vomiting and/or diarrhoea • Blue, high pitched, or continuous cry
Activity	• Feeding and responding normally • Good wettable or wets normally • Active, strong	• Poor feeding/indistinct or not drinking (milk/food)	• Temperature 38°C or above in babies 3-6 months • Fever for more than 3 days • Temperature 39°C or more if baby is less than 3 months
Other		• Temperature 38°C or more if baby is less than 3 months	• Temperature 39°C or more if baby is less than 3 months

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Fits, Faints and Funny Turns

Colic in Infants

Clinical support tool for remote clinical assessment



Colic in Infants

Colic is a name used by many to describe long frequent episodes of crying in an infant. People used to think colic was caused by problems with the baby's digestion/bowel, but there is no evidence this is true. It is a common problem that affects up to one in five babies.

At 6-8 weeks the average baby cries for 2-3 hours per day, usually more in the afternoon and evening. Every baby is different, but after about 8 weeks, babies start to cry less and less each week. Colic will go away on its own, in most by 6 months old.

Remember colic is crying in an otherwise well infant. If your baby has any of the below please speak to a doctor:

- Fever
- Difficulty breathing
- Not able to feed/gain weight
- Persistent vomiting/change in bowel habit
- Strange sounding cry

Signs and symptoms of colic include:

- Your baby often starts crying suddenly
- The cry is high-pitched and nothing you do seems to help
- The crying begins at the same time each day, often in the afternoon or evening
- Your baby might draw their legs up when they cry
- Your baby might clench their hands
- Babies with colic are often gassy (because they take in air when crying), fussy and don't sleep well

What can you do to help?

Babies can cry if they are hungry, tired, wet/dirty or they are unwell, so first check these basic needs.

Try some simple calming techniques:

- Talk calmly or sing to your baby
- Let them hear a repeating sound like a vacuum cleaner/white noise
- Hold them close – skin to skin
- Go for a walk outside with your baby
- Give them a warm bath

Let your baby lie on his or her belly on your lap, and softly rub your baby's back.

Don't get angry with your baby or yourself. Instead, put your baby in a safe place and walk away so that you can calm yourself down by doing something that takes your mind off the crying.

It's normal for parents to get stressed, especially by their baby crying. Remember **ICON**:

- I - Infant crying is normal
- C - Comforting methods can help
- O - It's OK to walk away
- N - Never, ever shake a baby

<http://iconcope.org/parentsadvice>

This guidance has been reviewed and adapted by healthcare professionals across North East and North Cumbria with consent from the Hampshire development groups

Colic in Infants

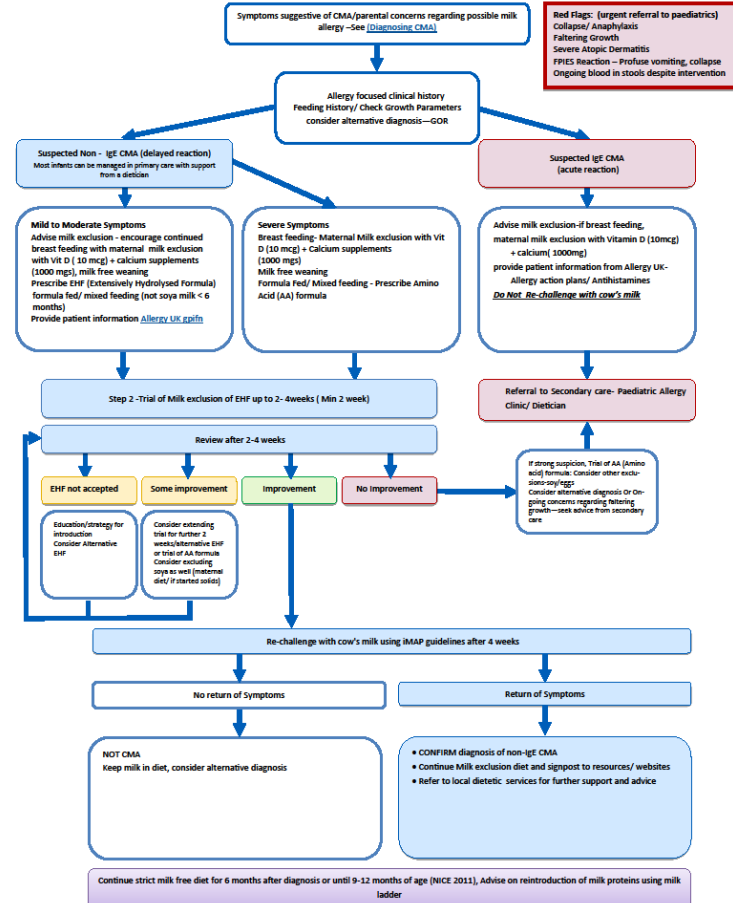
Cow's Milk Allergy (CMA) Pathway

Clinical Assessment/ Management tool for Children

Healthier Together

Primary and Community Care Settings

Cow's Milk Allergy (CMA) Pathway



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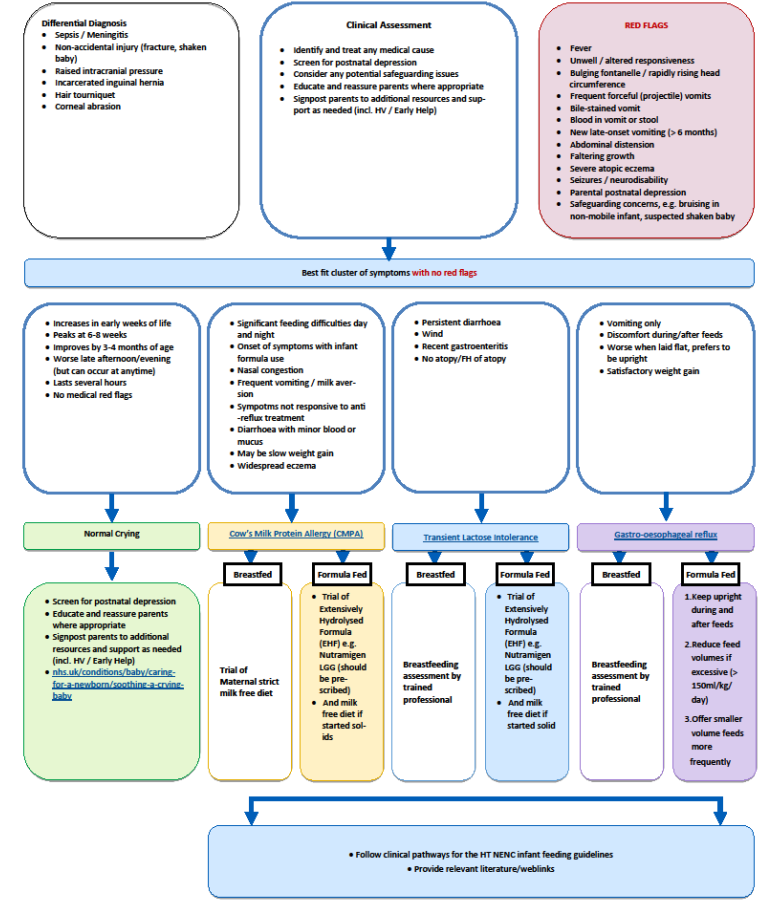
Cow's Milk Allergy (CMA)

Unsettled Infant Pathway

Clinical Assessment/ Management tool for Children

Healthier Together

Primary and Community Care Settings



Unsettled Baby



Paediatric Diabetes Referral Guidelines in Primary Care
Developed by North East and North Cumbria Diabetes Network

Clinical Signs and Symptoms

- Polydipsia
- Polyuria
- Nocturia, new onset Enuresis
- Weight loss
- Tiredness
- Glycosuria, Ketonuria
- Signs of DKA i.e. abdominal pain, nausea/vomiting, dehydration, respiratory distress, altered conscious state
- Symptoms may be more subtle (Candida infection or constipation) and mimic infection in under 5s

Action: Test capillary blood glucose level

If Fasting sample ≥ 7 mmol/l or Random sample ≥ 11.1 mmol/l = Diabetes
However regardless of blood glucose level or if unable to do glucose test please refer on clinical suspicion alone.

Please refer immediately by telephone to the local paediatrician on-call.

Do not send the child/young person to pathology or children's outpatients for a blood test; the paediatric team will take samples as required.

Do not refer as an outpatient
If any diagnostic doubt, discuss urgently with paediatrics

It is essential that all children and young people in whom you are considering a diagnosis of diabetes (any type) are referred the same day.

Send to local hospital as per local paediatric admission agreement

The child will be assessed and managed by the Paediatric Team on-call and referred to the specialist Paediatric Diabetes Team

The diagnosis of Type 1 diabetes is a medical emergency in order to prevent the development of Diabetic Ketoacidosis – the principle cause of mortality in children and young people with diabetes

Diabetes treatment and education will be initiated

Notification of treatment/medication and equipment requirements will be sent to GP within 24 hours of discharge

This document has been adapted for use by Dr Jude Reid, Associate Specialist, Queen Elizabeth Hospital, Gateshead, from those developed by the paediatric diabetes teams in The Ipswich Hospital NHS Trust, Calderdale & Huddersfield NHS Foundation Trust and the Children & Young People's Yorks. & Humber Diabetes

This guidance has been reviewed and adapted by healthcare professionals across North East and North Cumbria with consent from the Hampshire development groups

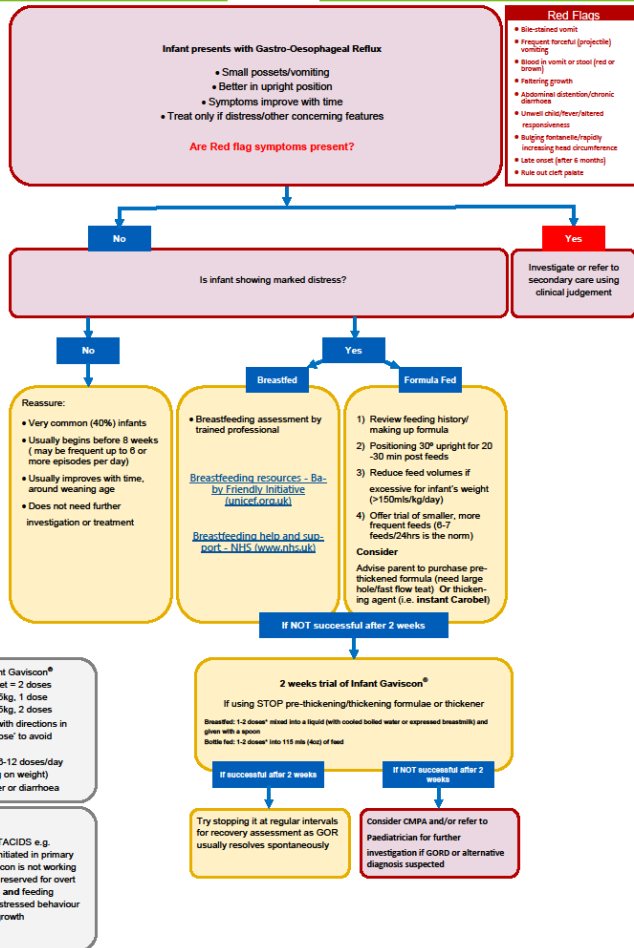
Paediatric Diabetes Referral Guidelines in Primary Care

Managing Gastro-Oesophageal Reflux

Clinical Assessment/ Management tool for Children



Primary and Community Care Settings



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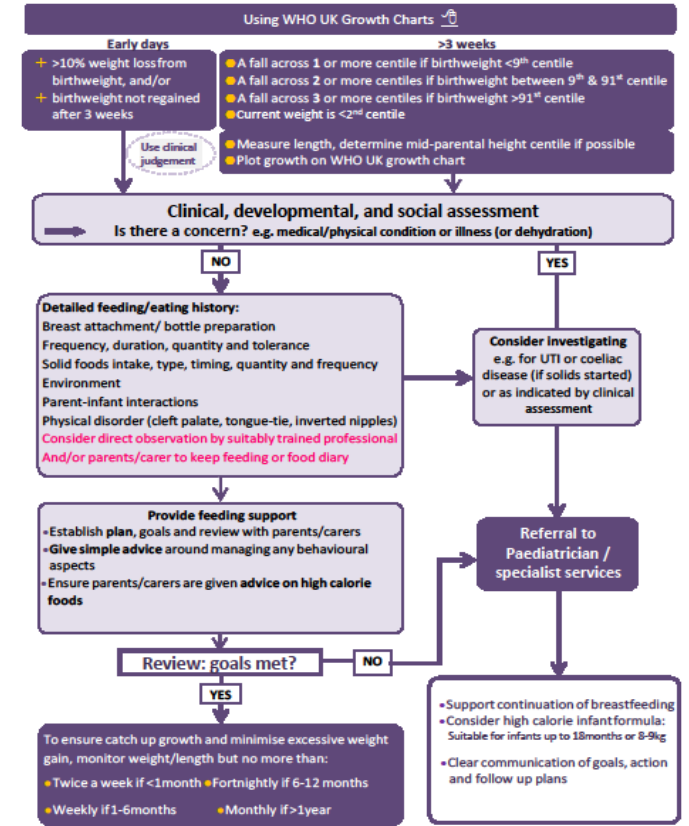
Managing Gastro-Oesophageal Reflux

Managing Faltering Growth in infants and Young Children Pathway

Clinical Assessment/Management Tool



Primary and Community Care Settings



Click here for additional guidance

Produced by Prescribing Support Dietitians

Managing Faltering Growth in Infants and Young Children