

Assessment Parameters for Decision to Remain in Community or Re-admit to CED. ACORN Service Covid-19 Autumn/Winter 2020




Clinical Findings	Green – Low Risk of Serious Illness	Amber- Intermediate Risk of Serious Illness	Red- High Risk of Serious Illness
GENERAL Activity, Behaviour, Character	Active & Alert Intermittently miserable but consolable Normal activity described by parent Responds as usual to social cues Strong normal crying /not crying Stays awake or awakens quickly Content / smiles No parental concerns about activity or behaviour No Amber or Red Behaviour S&S	Lethargic Miserable and difficult to console Decreased activity / Unusual behaviour Reduced response to social cues No smile Wakes only with prolonged stimulation Appears unwell Poor feeding in Infants (50-75% of normal fluid intake over 3-4 feeds) Reported headache / perceived confusion * No Red Behaviour signs/symptoms	Immediate concerns re ABC Unable to rouse or if roused does not stay awake Decreased level of consciousness/drowsy No response to social cues Irritable Weak, high pitched or continuous cry Appears ill to RN
RESPIRATORY	Green – Low Risk of Serious Illness	Amber- Intermediate Risk of Serious Illness	Red- High Risk of Serious Illness
Respiratory Rate	< 12month 30-40breaths /min 1-2yrs 25-35 breaths /min 3-4yrs 25-30 breaths/min 5-7yrs 20-30 breaths per min 8-11yr 15 -25 breaths per min	Increased Work of Breathing < 12month 50-59 breaths /min 1-2yrs 40-49 breaths /min 3-4yrs 30-39 breaths/min 5-7yrs 35-39 breaths/min 8-11yrs 25-30 breaths per min	Increased Work of Breathing < 12month >60 breaths /min 1-2yrs >50 breaths /min 3-4yrs >40 breaths/min 5-7yrs > 35 breaths/min 8-11yrs >30 breaths /min
Chest Recession	Mild or No Chest Recessions	Moderate Chest Recessions	Severe Chest recessions
Nasal Flaring	No Nasal flaring	Moderate Nasal Flaring	Severe Nasal Flaring
Grunting	No Grunting	Moderate Grunting Fever related/struggling to breathe	Severe Grunting or not fever related
Apnoeas	No Apnoeas	No Apnoeas	Apnoeas
Spo2 in air	95% or above	93% or above	<92%
Inspiratory Stridor	None	Stridor present when disturbed	Stridor at rest / biphasic
Wheeze, Air Entry Crackles Cough	Expiratory wheeze but inhalers effective	Reduced air entry, Crackles Expiratory Wheeze, inhalers ineffective after 2hrs New or continuous cough*	Silent chest Too breathless to talk or feed Expiratory wheeze inhalers ineffective
	No Amber or Red Respiratory S&S	No Red Respiratory signs/symptoms	

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CIRCULATION	Green – Low Risk of Serious Illness	Amber- Intermediate Risk of Serious Illness	Red- High Risk of Serious Illness
HR	<12months 110-160 bpm 1-2yrs 100-150 bpm 3-5yrs 95-130 bpm 6-7yrs 80-125bpm 8-11yrs 70-120 bpm	<12months 150-159 bpm 1-2yrs 140-149 bpm 3-5yrs 130-139 bpm 6-7yrs 125-135bpm 8-11yrs 120-130bpm	<12months >160 bpm* 1-2yrs >150 bpm* 2-5yrs >140 bpm* 6-7yrs >135bpm* Tachycardia without fever /distress
CRT / Skin perfusion	CRT<2secs Normal colour of skin, lips & tongue Normal skin and eyes	CRT 2-3sec Pallor reported by parent/carer Pallor/Mottled but vigorous /active Cool peripheries	CRT>3secs Cyanotic tongue Hypotension
Hydration	Normal eyes & skin Moist mucous membranes prior to a drink Normal fluid intake / feeding tolerating 75% of usual Passing reasonable amounts of urine / wet nappies Occasional vomit No Amber or Red Circulatory signs/symptoms	Dry Mucous membranes (eyes & mouth) Poor feeding in infants (50-75% fluid intake over 3-4 feeds) Reduced urine output/less no. of nappies or significantly drier than usual Slightly Sunken anterior fontanelle and eyes Vomit <3 in 24hrs Diarrhoea <6 in 24hrs. or Intermittent * Abdo pain intermittent * No Red Circulatory signs/symptoms	Reduced skin turgor <50% fluid intake over 2-3 feeds or appears dehydrated Sunken anterior fontanelle Vomiting >3 episodes in 24hrs Bile stained vomiting / Bloody mucoid stool in <2yr old Significantly reduced urine output >18hrs
OTHER	Satisfactory Social Circumstance. Confident parents No current safeguarding concerns No reattending CED / GP during this illness Reasonable certainty of CED diagnosis No Amber/Red signs of Illness	Age<6 weeks Pre-existing Lung Condition Congenital Heart Disease Prematurity <35 weeks, Age 3-6 months temp > 39c Parental concern / RN concern about parents ability to monitor & identify any deterioration Repeated CED / GP visits for same episode of illness Refusing to drink Rigor (check for new focus) NWB / swollen joint Neuromuscular weakness Red, hot joint or limb Swollen fingers,toes,neck* Immunocompromised Bilateral conjunctiivitis* Pain unrelieved with OTC analgesia New lump >2cm Mucous membrane changes/widespread red rash* Current Safeguarding Concerns No Red signs of Illness	Age 0-3months temp > 38c or < 36c >38c or < 36c if neutropenic Bulging fontanelle Neck stiffness Status epilepticus Focal signs/seizures Non Blanching rash Ongoing fever > 5days Peeling red skin (Think SSSS) New or escalating testicular pain Excruciating pain despite analgesia New Safeguarding Concerns

‘Traffic Light’ Clinical Indicators are to be used together with Assessment Parameters to support your Decision to Remain in Community or Re-admit to CED. If in any doubt, your Professional Clinical Judgement must take precedence over these Assessment Parameters & Clinical Indicators

ENSURE ANY & ALL PUBLIC/CARER CONCERNS are referred to NHS ‘111 Coronavirus’ service available by phone on ‘111 or on line at <https://111.nhs.uk/covid-19> *Potential PIMS symptom/sign

<p>All Green S&S NO Amber or Red S&S</p>		<p>Discuss with parents/carers whether fit for discharge or requires further telephone contact. Reinforce appropriate & clear guidance. Ensure they have written patient advice Confirm they are comfortable with the condition. Arrange time for next telephone contact</p>
<p>New 1 or 2 Amber S&S NO Red S& S</p>		<p>Arrange Video consultation <2-4hrs D/W CED or surgical clinician if concerned using SBAR Ensure clear management plan agreed with parents, & Reinforce Safety Net advice of what to do if condition Worsens. Sign post to NHS 111/ GP as appropriate. Arrange follow up telephone / video call</p>
<p>>2 Amber S&S NO Red S&S</p>		<p>Arrange for CED ACORNS nurse assessment in CED Discuss with CED SpR/ANP, Consultant, Surg SpR as reqd Following ACORNS CED assessment +/-If medically advised, re-attend CED for further medical assessment ensure clear management plan agreed with parents Safety net advice & action if Condition worsens</p>
<p>Ref: Clinical Pathways for Sick Children South East Coast Network Dec 2016 / NICE guidelines 2016 / https://www.rcpch.ac.uk/resources/guidance-paediatric-multisystem-inflammatory-syndrome-temporally-associated-covid-19-pims / www.nhs.uk/conditions/coronavirus-covid-19/symptoms/coronavirus-in-children/</p>		