



(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____ / ____ / ____ SEX: _____

BRONCHIOLITIS

Indicate findings below by: Positive / given OR Negative / not given *All boxes must be populated*

Date: ____ / ____ / 20 Time: _____ Clinician: _____ CNS HS REG SMO

History *See nursing assessment sheet for additional information*

Number of days with wheeze (Day of illness): _____ Any apnoeas before arrival

Relevant past medical history

Chronic Lung Disease Admissions for wheeze PICU admissions Con. Heart Disease
 Prematurity: (Gestation, corrected gestation and BW)

Current medications

Salbutamol Fluticasone Paracetamol Ibuprofen
 Prednisolone

Examination

General

Appearance: Fatigued On Oxygen

Dehydration: Nil Mild Severe

Nursing observations: Normal Abnormal *(see nursing assessment sheet)*

BAT:

Ear Nose Throat

EMERGENCY MEDICINE - NOTES



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Respiratory

- Visible indrawing Accessory muscle use Grunting Stridor
- Crackles Unequal air entry Silent chest Wheeze

Cardiovascular

- Cyanosis despite oxygen (? con. heart disease) Absent Femoral Pulses (? con. heart disease)
- Cardiac failure (may mimic bronchiolitis!) Murmur (consider ECG and CXR if new)

Abdomen

- Hepatomegaly (? cardiac failure)

Neurological

- GCS normal

Musculo-skeletal

- Chest deformity

Clinical impression / Problem list