NICE National Institute for Health and Care Excellence

NICE quality standard

Bronchiolitis in children

Quality standard

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This standard is based on NG9.

This standard should be read in conjunction with QS121, QS117, QS64, QS131, QS10 and QS37.

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Statement 2 Parents and carers of children with bronchiolitis are informed that medication is not being used because the condition is usually self-limiting.

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Statement 4 (placeholder) Admission avoidance and early supported discharge.

Quality statement 1: Antibiotic use

Quality statement

Children with bronchiolitis are not prescribed antibiotics to treat the infection.

Rationale

Bronchiolitis is caused by a viral infection so antibiotics should not be used as treatment. The number of children who have bronchiolitis and who then develop a bacterial infection is extremely low. Antibiotics can lead to common adverse reactions. Reducing unnecessary antibiotics will help prevent the development of bacterial resistance and will also reduce costs.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local prescribing protocols to direct antibiotic prescribing in children with bronchiolitis.

Data source: Local data collection.

Process

a) Proportion of diagnoses of bronchiolitis with a prescription for antibiotics in primary care.

Numerator – the number in the denominator with a prescription for antibiotics.

Denominator – the number of diagnoses of acute bronchiolitis in primary care.

Data source: Local data collection.

b) Proportion of diagnoses of bronchiolitis with a prescription for antibiotics in secondary care.

Numerator – the number in the denominator with a prescription for antibiotics.

Denominator – the number of diagnoses of bronchiolitis in secondary care.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as primary and secondary care and emergency departments) ensure that protocols are in place to ensure that healthcare professionals do not prescribe antibiotics to treat bronchiolitis in children. Services also ensure that procedures are in place to monitor antibiotic prescriptions for bronchiolitis in children.

Healthcare professionals (GPs and secondary care clinicians) do not prescribe antibiotics to treat bronchiolitis in children.

Commissioners ensure that primary and secondary care services do not prescribe antibiotics to treat bronchiolitis in children.

Children with bronchiolitis are not given antibiotics to treat the condition because it is caused by a viral infection.

Source guidance

Bronchiolitis in children: diagnosis and management. NICE guideline NG9 (2015), recommendation 1.4.3 (key priority for implementation)

Quality statement 2: Bronchiolitis management

Quality statement

Parents and carers of children with bronchiolitis are informed that medication is not being used because the condition is usually self-limiting.

Rationale

In most cases, medication is not needed to manage bronchiolitis because it is usually self-limiting (that is, it settles without the need for treatment). Helping parents and carers to understand this can increase their confidence in caring for their child at home if hospital admission is not needed. It may also help parents and carers understand why medication is not being given even if the child is admitted to hospital.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to help parents and carers of children with bronchiolitis understand that medication is not being used because the condition is usually self-limiting.

Data source: Local data collection.

Process

a) Proportion of diagnoses of bronchiolitis in primary care where the parents and carers are informed that medication is not being used because the condition is usually self-limiting.

Numerator – the number in the denominator where the parents and carers are informed that medication is not being used because the condition is usually self-limiting.

Denominator – the number of diagnoses of bronchiolitis in primary care.

Data source: Local data collection.

b) Proportion of diagnoses of bronchiolitis in secondary care where the parents and carers are informed that medication is not being used because the condition is usually self-limiting.

Numerator – the number in the denominator where the parents and carers are informed that medication is not being used because the condition is usually self-limiting.

Denominator – the number of diagnoses of bronchiolitis in secondary care.

Data source: Local data collection.

Outcome

a) Parent- and carer-reported confidence in caring for children with bronchiolitis at home.

Data source: Local data collection.

b) Antibiotic prescribing rates for bronchiolitis.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as primary and secondary care and emergency departments) ensure that resources are available to help parents and carers of children with bronchiolitis understand that medication is not being used because the condition is usually self-limiting.

Healthcare professionals (such as GPs and secondary care clinicians) inform parents and carers of children with bronchiolitis that medication is not being used because the

condition is usually self-limiting.

Commissioners ensure that primary and secondary care providers have procedures in place to inform parents and carers of children with bronchiolitis that medication is not being used because the condition is usually self-limiting.

Parents and carers of children with bronchiolitis are informed that bronchiolitis usually settles without the need for treatment, which is why medication is not being used.

Source guidance

Bronchiolitis in children: diagnosis and management. NICE guideline NG9 (2015), recommendation 1.4.3 (key priority for implementation)

Quality statement 3: Key safety information

Quality statement

Parents and carers of children with bronchiolitis are given key safety information about what to expect and when to be concerned if caring for the child at home.

Rationale

Providing key safety information will reassure parents and carers about the natural progression of bronchiolitis, and provide information about when help from healthcare professionals is needed. Children may deteriorate rapidly, so it is vital that parents and carers can identify the signs and symptoms that mean they need to seek appropriate help from a healthcare professional.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure key safety information is provided to parents and carers of children with bronchiolitis being cared for at home.

Data source: Local data collection.

Process

a) Proportion of diagnoses of bronchiolitis in primary care where the parents and carers are given key safety information if the child is to be cared for at home.

Numerator – the number in the denominator where the parents and carers are given key safety information.

Denominator – the number of diagnoses of bronchiolitis in primary care where the child is to be cared for at home.

Data source: Local data collection.

b) Proportion of discharges from hospital or emergency care of children with bronchiolitis where the parents and carers are given key safety information.

Numerator – the number in the denominator where the parents and carers are given key safety information.

Denominator – the number of discharges from hospital or emergency care of children with bronchiolitis.

Data source: Local data collection.

Outcome

Parent- and carer-reported confidence in caring for children with bronchiolitis at home.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as primary and secondary care and emergency departments) ensure that key safety information is available for parents and carers of children with bronchiolitis when the child is to be cared for at home.

Healthcare professionals (GPs and secondary care clinicians) give key safety information to parents and carers who are caring for children with bronchiolitis at home.

Commissioners specify that key safety information is given to parents and carers who are caring for children with bronchiolitis at home.

Parents and carers of children with bronchiolitis are given key safety information if they are caring for the child at home. This information should explain how to reduce the risks to the child, and how to tell when the child needs to see a healthcare professional.

Source guidance

Bronchiolitis in children: diagnosis and management. NICE guideline NG9 (2015), recommendation 1.6.1 (key priority for implementation)

Definitions of terms used in this quality statement

Key safety information

What to expect

In most children, bronchiolitis is mild and their breathing and feeding will get better within 5 days, though their cough may take longer to go (usually around 3 weeks, but sometimes it can be longer). There are no medicines that can cure bronchiolitis, but the normal medicines you would give for a cold (like paracetamol or ibuprofen) can help make the symptoms better.

When to be concerned

When caring for your child at home, you need to know these important signs and if they may be getting worse so you can get help as quickly as you can:

- breathing becoming harder work – this may mean they are making an 'effort noise' every time they breathe out (often called grunting), flaring their nostrils, their chest might 'suck in' between the ribs, or they may use their stomach to breathe
- not taking in enough feeds (half to three quarters of normal, or no wet nappy for 12 hours) – these are signs they might be dehydrated
- pauses in their breathing for more than 10 seconds (apnoea)
- skin inside the lips or under the tongue turning blue (cyanosis)
- exhaustion (not responding as they usually would, sleepy, irritable, floppy, hard to

wake up).

If you notice any of these signs, you must get help from a healthcare professional immediately.

Smoking can make their bronchiolitis symptoms worse, so do not smoke in your house.

[NICE's guideline on bronchiolitis in children: diagnosis and management, information for the public and recommendation 1.6.1]

Quality statement 4 (placeholder): Admission avoidance and early supported discharge

What is a placeholder statement?

A placeholder statement is an area of care that has been prioritised by the Quality Standards Advisory Committee but for which no source guidance is currently available. A placeholder statement indicates the need for evidence-based guidance to be developed in this area.

Rationale

Further guidance is needed on admission avoidance and early supported discharge of children with bronchiolitis. Bronchiolitis is most common in the winter months. Approximately 1 in 3 children will develop bronchiolitis in the first year of life and 2% to 3% of them will require hospitalisation. Involving teams such as children's community nursing when a child has been diagnosed with bronchiolitis may help to reduce hospital admissions. Early supported discharge may also reduce hospital readmissions.

Caring for a child at home will also enable a flexible and personalised approach to care, meeting the needs of children with bronchiolitis and their families.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Good communication between health, public health and

social care practitioners and children and young people with bronchiolitis, and their parents or carers (if appropriate), is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Children with bronchiolitis and their parents or carers (if appropriate) should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Royal College of General Practitioners (RCGP)
- British Society for Antimicrobial Chemotherapy
- Royal College of Paediatrics and Child Health
- Asthma and Lung UK