Infant or child with lower respiratory tract infection or bronchiolitis attending ED or paeds assessment unit and requiring admission

Severely unwell requiring admission to PICU / HDU

Prioritise POCT if available (SARS-CoV-2 / RSV / FLU) and full Respiratory Panel

Admit to PICU / HDU cubicle until results available. May then cohort / isolate as per 3 ward options (numbered 1 to 3).

1. Respiratory virus positive eg RSV positive SARS-CoV-2 negative

May go to bronchiolitis cohort bay including HFNCO / CPAP

2. SARS-CoV-2 positive

Remains in cubicle

3. If all respiratory viruses negative on 1st PCR, consider 2nd SARS-CoV-2 test prior to moving to cohort bay**

If 2nd PCR negative for SARS-CoV-2, may go to bronchiolitis cohort bay including HFNCO / CPAP

Moderately unwell requiring ward admission

Send full respiratory panel inc. SARS-CoV-2 to laboratory. Use POCT where locally agreed.

Admit to ward cubicle until results available. Risk assess if cubicles limited.* May then cohort.

* RCPCH-defined clinically extremely vulnerable children must be prioritised to a cubicle. Children with respiratory tract symptoms in whom no AGPs are being performed (including those with viral induced wheeze) can be cohort ed awaiting SARS-CoV-2 results if infection prevention and control precautions are in place.

** Perform 2nd SARS-CoV-2 test especially if ongoing AGPs (or possibility that AGPs will be required) or family members have symptoms consistent with COVID-19.