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

Requiring admission to PICU / HDU

Prioritise rapid molecular testing (inc. SARS-CoV-2 / RSV / influenza A / influenza B) if limited testing capacity

Admit to single room on PICU / HDU 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 cohort bay (ideally virus specific) even if requiring HFNCO or CPAP

2. SARS-CoV-2 positive

Remain in single room or cohort positive SARS-CoV-2 cases

3. If all respiratory viruses (inc. SARS-CoV-2) negative, can manage on low risk pathway


Admit to single room on ward until results available. Risk assess if single room capacity exceeded.* May then cohort.

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