Fever Pathway

Table 1

Clinical Assessment / Management Tool for Children

Management - Primary Care and Community Settings

Patient presents with or has a history of fever Temp ≥38^o



Table 1					
Clinical Findings	Green - Iow risk	Amber - intermediate risk	Red - high risk		
Colour	Normal colour of skin, lips and tongue	Pallor reported by parent/carer	Pale/mottled/ashen/blue		
Activity	 Responds normally to social cues Content / smiles Stays awake or awakens quickly Strong normal cry / not crying 	ontent / smiles • Wakes only with prolonged stimulation vays awake or awakens quickly • Decreased activity			
Respiratory	None of the amber or red symptoms or signs	 Nasal flaring Tachypnoea: RR 40-50 if 1-5 years; RR 25-30 if 6-11 years; RR 20-25 if >=12 years Oxygen saturation ≤ 95% in air Crackles 	 Grunting Tachypnoea: RR >60 breaths/min if age RR >30 if 6-11 years; RR >25 if >=12 y Moderate or severe chest indrawing 		
Circulation and Hydration	Normal skin and eyes Tachycardia: HR > 160 beats/min if age < 1 yr; HR > 150 beats/min if age 1 - 2 years; HR > 140 beats/min if age 3 - 5 years; HR > 120 beats/min if 6-11years HR >100 beats/min if age >12 years Dry mucous membranes Reduced urine output Central refill 2-3 seconds		 Reduced skin turgor Capillary refill >3 seconds 		
Other	None of the amber or red symptoms or signs	 Fever for ≥ 5 days Swelling of a limb or joint Non-weight bearing / not using an extremity A new lump ≥ 2 cm Age 3-6 months temp ≥39°C (102.2°F) with no clear focus of infection Additional parental/carer support required? Recent return from malaria endemic area in preceding 3 months 	Bulging fontanelle Age Neck stiffness Save Focal seizures Non-blanching rash Focal neurological signs Bile-stained vomiting Safe		

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This guidance has been reviewed and adapted by Healthcare professionals across ABUHB with consent from the Hampshire development groups

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer.





Refer immediately to emergency care by 999
Alert Paediatrician

• Stay with child whilst waiting and prepare documentation

Younger First Draft Version: Jan 2015 Date of this Refreshed Version: November 2019 Review Date: November 2021 stay awake ged <12 months; RR >50 if 1-5 years; vears ge 0-3 months with axillary temp ≥ 3°C (100.4°F) - note children under 1 onth of age at highest risk of sepsis/ eningitis. If 1-3 months of age with ver within 48 hours of Men B vaccine nd clinically well, consider fety netting **Urgent Action** Refer immediately to emergency care - consider 999 Commence relevant treatment to stabilise child for Send relevant documentation **Hospital Emergency Department / Paediatric Unit** CS51313

Management - Primary Care and Community Settings Table 2

Normal Paediatric Values:

(APLS [†])	Respiratory Rate at rest: [b/min]	Heart Rate [bpm]	Systolic Blood Pressure [mmHg]		
< 1 year	30 - 40	110 - 160	70 - 90		
1-2 years	25 - 35	100 - 150	80 - 95		
> 2-5 years	25 - 30	95 - 140	80 - 100		
5-12 years	20 - 25	80 - 120	90 - 110		
>12 years	15 - 20	60 - 100	100 - 120		
Advanced Paediatric Life Support The Practical Approach Fifth Edition Advanced Life Support Group Edited by Martin Samuels; Susan Wieteska					

† Advanced Paediatric Life Support Wiley-Blackwell / 2011 BMJ Books.

Glossary of Terms			
ABC	Airways, Breathing, Circulation		
APLS	Advanced Paediatric Life Support		
AVPU	Alert Voice Pain Unresponsive		
B/P	Blood Pressure		
CPD	Continuous Professional Development		
CRT	Capillary Refill Time		
ED	Hospital Emergency Department		
GCS	Glasgow Coma Scale		
HR	Heart Rate		
моі	Mechanism of Injury		
PEWS	Paediatric Early Warning Score		
RR	Respiratory Rate		
WBC	White Blood Cell Count		

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CS50526