

# Fever Pathway

Clinical Assessment / Management Tool for Children Younger than 5 years



## Management - Acute Setting

Patient presents with or has a history of fever (Temp  $\geq 38^\circ$ )

### Triage / ABC

#### Assessment (PEWS Score)

Temp, HR, RR, CRT, B/P, O<sub>2</sub> Sats, GCS

#### Nursing Assessment

History, Hydration, Antipyretics, Assess

#### Review & Consider Appropriate Antipyretic

Paracetamol or Ibuprofen according to local protocol

Complete PEWS and Wessex sepsis screening tool for all patients

Do the symptoms and/or signs suggest an immediately life threatening (high risk) illness?

Yes

Contact [Lead ED / Paediatric Doctor](#)  
Move to Resuscitation Area  
Resus Call ("2222") for Paediatric Arrest

No

Is the child older or younger than 3 months of age?

Younger

Refer

Refer to paediatrics for assessment

Older

Table 1

Clinical Findings	Green - low risk	Amber - intermediate risk	Red - high risk
<b>Colour</b>	• Normal colour of skin, lips and tongue	• Pallor reported by parent/carer	• Pale/mottled/ashen/blue
<b>Activity</b>	• Responds normally to social cues • Content / smiles • Stays awake or awakens quickly • Strong normal cry / not crying	• Reduced response to social cues • Wakes only with prolonged stimulation • Decreased activity • No smile • Poor feeding in infants	• No response to social cues • Unable to rouse or if roused does not stay awake • Weak, high pitched or continuous cry • Appears ill to a healthcare professional
<b>Respiratory</b>	• None of the amber or red symptoms or signs	• Nasal flaring • Tachypnoea: - RR > 50 - 60 breaths/min age < 12 months - RR > 40 breaths/min age > 12 months • Oxygen saturation $\leq 95\%$ in air • Crackles	• Grunting • Tachypnoea: - RR > 60 breaths/min • Moderate or severe chest indrawing
<b>Circulation and Hydration</b>	• Normal skin and eyes	• Tachycardia - Age < 1 yr - > 160 beats / min - Age 1 - 2 yrs - > 150 beats / min - Age 2 - 5 yrs - > 140 beats / min • Dry mucous membranes • Reduced urine output • Central refill 2-3 seconds	• Reduced skin turgor • Capillary refill >3 seconds
<b>Other</b>	• None of the amber or red symptoms or signs	• Fever for $\geq 5$ days • Swelling of a limb or joint • Non-weight bearing / not using an extremity • A new lump $\geq 2$ cm • Age 3-6 months temp $\geq 39^\circ\text{C}$ (102.2°F) with no clear focus of infection • Additional parental/carer support required?	• Age 0-3 months, temp $\geq 38^\circ\text{C}$ (100.4°F) • Bulging fontanelle • Neck stiffness • Focal seizures • Sustained tachycardia • Non-blanching rash • Focal neurological signs • Bile-stained vomiting

Table 2 Normal Paediatric Values:

(APLS <sup>†</sup> )	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

<sup>†</sup> Advanced Paediatric Life Support The Practical Approach Fifth Edition Advanced Life Support Group Edited by Martin Samuels, Susan Wieteska Wiley-Blackwell / 2011 BMJ Books.

For all patients, continue monitoring following PEWS Chart recommendation

### Green Action

#### Perform:

• Assess for focus of infection - If no focus, consider clean catch urine specimen and evaluate for Urinary Tract Infection. ([www.nice.org.uk/CG054fullguideline](http://www.nice.org.uk/CG054fullguideline))

#### Provide discharge / send home advice

Provide appropriate and clear guidance to the parent /carer and refer them to the [patient advice sheet](#). Confirm they are comfortable with the decisions / advice given and then think "Safeguarding" before sending home. Consider referral to [acute paediatric community nursing team](#) if available

Discharge

### Amber Action

Follow local guidelines and /or eg. APLS or discuss with [Lead ED/Paediatrician](#) - Consider:

- blood culture
- urinary culture/microscopy
- stool sample
- full blood count
- C-reactive protein
- Nasal Pharyngeal Aspirant

Consider chest X-ray.  
Consider Lumbar Puncture if child is younger than 1 year old or has signs of meningitis (if no contraindications).

#### Findings

Discuss & consider options with [Paediatric Consultant/Reg](#)

Review

### Urgent Action

#### Immediate Senior Review

- blood culture
- urinary culture/microscopy
- stool sample
- full blood count
- C-reactive protein

Consider the following, as guided by clinical assessment:

- chest X-ray
- blood gas
- serum electrolytes
- Lumbar Puncture

Do not perform Lumbar Puncture in a child with suspected Meningococcal Septicaemia.

(Hospital Emergency Department Discuss with Paeds)

GMC Best Practice recommends: Record your findings (See "Good Medical Practice" <http://bit.ly/1DPX12b>)

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## Management - Acute Setting

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
MOI	Mechanism of Injury
PEWS	Paediatric Early Warning Score
RR	Respiratory Rate
WBC	White Blood Cell Count