

Fever Pathway

Clinical Assessment / Management Tool for Children Younger than 5 years

Management - Primary Care and Community Settings



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

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

Yes

- Refer immediately to emergency care by 999
- Alert Paediatrician
- Stay with child whilst waiting and prepare documentation

No

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

Younger

Older

Table 1

Clinical Findings	Green - low 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	• 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
Respiratory	• 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
Circulation and Hydration	• 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
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 $\geq 39^{\circ}\text{C}$ (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[†])

Heart Rate [bpm]	Respiratory Rate at rest: [b/min]
110 - 160	30 - 40
100 - 150	25 - 35
95 - 140	25 - 30

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

Green Action

Perform:
• Assess for focus of infection - If no focus, consider clean catch urine specimen and evaluate for Urinary Tract Infection.

Provide advice to send home

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.

Amber Action

If no focus, consider clean catch urine specimen and evaluate for urinary tract infection. Advice from [Paediatrician](#) should be sought and/or a clear management plan agreed with parents.

Management Plan

- Provide the parent/carer with a safety net (use the [patient advice sheet](#)) and advise on signs, symptoms and changes - signpost the parent/carer where to go, should things change
- Consider referral to [acute paediatric community nursing team](#) if available
- Arrange any required follow up or review
- Send any relevant documentation to the provider of follow up or review

Refer

Urgent Action

Refer immediately to emergency care – consider 999
[Alert Paediatrician](#)
Commence relevant treatment to stabilise child for transfer
Send relevant documentation

Hospital Emergency Department / Paediatric Unit

999

GMC Best Practice recommends: Record your findings (See "Good Medical Practice" <http://bit.ly/1DPXI2b>)



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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