

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

† 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>)

First Draft Version: May 2011 Date of this Refreshed Version: May 2016 (from Nov 2013)  
Review Date: May 2018.

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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              |