

### 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
<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 40-50 if 1-5 years; RR 25-30 if 6-11 years; RR 20-25 if $\geq 12$ years • Oxygen saturation $\leq 95\%$ in air • Crackles	• Grunting • Tachypnoea: RR $>60$ breaths/min if aged $<12$ months; RR $>50$ if 1-5 years; RR $>30$ if 6-11 years; RR $>25$ if $\geq 12$ years • Moderate or severe chest indrawing
<b>Circulation and Hydration</b>	• 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 6-11 years; 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
<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 $\geq 39^{\circ}\text{C}$ ( $102.2^{\circ}\text{F}$ ) with no clear focus of infection • Additional parental/carer support required? • Recent return from malaria endemic area in preceding 3 months	• Bulging fontanelle • Neck stiffness • Focal seizures • Sustained tachycardia • Non-blanching rash • Focal neurological signs • Bile-stained vomiting  • Age 0-3 months with axillary temp $\geq 38^{\circ}\text{C}$ ( $100.4^{\circ}\text{F}$ ) - note children under 1 month of age at highest risk of sepsis/meningitis. If 1-3 months of age with fever within 48 hours of Men B vaccine and clinically well, consider <a href="#">safety netting</a>

#### Green Action

- Perform:**
- Assess for focus of infection - If no focus in child under 5 years of age, consider clean catch urine specimen and evaluate for [Urinary Tract Infection](#).

#### Provide advice to send home

Provide the parent/carer with appropriate parent advice sheet (fever [under 5 years](#) / [5 years and over](#)) and advise on signs, symptoms and changes - signpost the parent/carer where to go, should things change.

#### Amber Action

If no focus of fever in child under 5 years of age, 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.

Refer

#### Management Plan

- Provide the parent/carer with appropriate parent advice sheet (fever [under 5 years](#) / [5 years and over](#)) 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

#### 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**



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

First Draft Version: Jan 2015 Date of this Refreshed Version: November 2019 Review Date: November 2021.

CS51313

**Table 2**

<b>Normal Paediatric Values:</b>			
(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
5-12 years	20 - 25	80 - 120	90 - 110
>12 years	15 - 20	60 - 100	100 - 120

<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.

<b>Glossary of Terms</b>	
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