

# Fever pathway for children under 5 years of age

- Clinical support tool for remote clinical assessment by NHS 111 clinicians

History of fever  $\geq 38^{\circ}$



Is the child younger than 3 months?

Yes



Will need face to face review in hospital based setting. Consider whether 999 transfer or parent/taxi most appropriate based on clinical acuity

No

Clinical findings	Green – low risk	Amber – intermediate risk	Red – high risk
Colour Activity	<ul style="list-style-type: none"> <li>Normal colour or skin, lips and tongue</li> <li>Responds normally to social cues</li> <li>Content/smiles</li> <li>Stays awake or wakens quickly</li> <li>Strong normal cry / not crying</li> </ul>	<ul style="list-style-type: none"> <li>Pallor</li> <li>Reduced response to social cues</li> <li>Wakes only after prolonged stimulation</li> <li>Infant (under 1 year) not feeding</li> </ul>	<ul style="list-style-type: none"> <li>Blue or grey colour</li> <li>Unable to rouse or if roused does not stay awake</li> <li>Clinician concerns about nature of cry in infant (Weak, high pitched or continuous)</li> </ul>
Respiratory	<ul style="list-style-type: none"> <li>None of amber or red symptoms</li> </ul>	<ul style="list-style-type: none"> <li>RR 50-60 breaths/min if aged &lt;12 months</li> <li>RR &gt;40 breaths/min if age <math>\geq 12</math> months</li> <li>Mild/moderate respiratory distress</li> </ul>	<ul style="list-style-type: none"> <li>Grunting</li> <li>Severe tachypnoea: RR &gt; 60 breaths/min</li> <li>Severe respiratory distress</li> </ul>
Circulation / hydration	<ul style="list-style-type: none"> <li>None of amber or red symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Cold hands and feet in absence of fever</li> <li>Reduced urine output</li> <li>Not tolerating fluids</li> </ul>	
Other	<ul style="list-style-type: none"> <li>None of amber or red symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Fever for <math>\geq 5</math> days</li> <li>Swelling of limb or joint</li> <li>Non-weight bearing / not using an extremity</li> <li>Swollen eye</li> <li>A new lump <math>\geq 2</math>cm</li> <li>Symptoms suggest UTI</li> <li>Symptoms suggest cellulitis</li> <li>Symptoms suggest scarlet fever</li> <li>Age 3-6 months with temp <math>\geq 39^{\circ}</math> (<math>102.2^{\circ}\text{F}</math>) with no clear focus of infection</li> <li>Additional parental/carer support required</li> <li>Lower threshold for face to face review if significant chronic co-morbidities</li> </ul>	<ul style="list-style-type: none"> <li>Age 0-3 months with temp <math>\geq 38^{\circ}</math> (<math>100.4^{\circ}\text{F}</math>)</li> <li>Seizure</li> <li>Rigors</li> <li>Non-blanching rash</li> </ul>
	<p style="text-align: center;">↓</p> <p style="text-align: center;"><b>GREEN ACTION</b></p> <p>Assess for focus of infection – if present, use appropriate clinical pathway (bronchiolitis, cough &gt;1 year, earache, tonsillitis) and/or safety netting sheets</p> <p>If no obvious focus of infection, provide fever safety netting advice.</p> <p>Confirm they are comfortable with the decisions/ advice given</p>	<p style="text-align: center;">↓</p> <p style="text-align: center;"><b>AMBER ACTION</b></p> <p>Refer to primary care service for review</p>	<p style="text-align: center;">↓</p> <p style="text-align: center;"><b>RED ACTION</b></p> <p>Refer immediately to emergency care – consider whether 999 transfer or parent/taxi most appropriate based on clinical acuity etc</p>