

FEVER PATHWAY:

Clinical assessment/management tool for children under 5 years old presenting with fever

This pathway has been reviewed in light of the coronavirus pandemic. Coronavirus usually presents as a mild illness in children and most children will not require hospital admission. Please continue to use these guidelines to assess children presenting with a fever. Paediatric Inflammatory Multisystem Syndrome (PIMS-TS) remains a rare condition and children present as very unwell. If you have concerns regarding PIMS-TS (i.e. fever >5 days, conjunctivitis, rash, myalgia, poor perfusion) please ring Paediatrician on call.

Traffic light system of signs and symptoms for identifying severity of illness

	Green - Low Risk	Amber - Intermediate Risk	Red - High Risk
Activity	<ul style="list-style-type: none"> Responds normally to social cues Content/ smiles Stays awake or wakens quickly Strong normal cry or not crying 	<ul style="list-style-type: none"> Reduced response to social cues Wakes only with prolonged stimulation Decreased activity No smile 	<ul style="list-style-type: none"> No response to social cues Unable to rouse or if roused does not stay awake Weak, high pitched or continuous cry Appears ill to health professional
Colour	<ul style="list-style-type: none"> Normal colour of skin, lips and tongue 	<ul style="list-style-type: none"> Pallor colour reported by parent or carer 	<ul style="list-style-type: none"> Pale/ Mottled/ Ashen blue
Respiratory Rate	<ul style="list-style-type: none"> Normal (as below) 	<ul style="list-style-type: none"> <12m: 50-60 breaths/min >12m: 40-60 breaths/ min Tachypnoea Nasal flaring Crackles on auscultation 	<ul style="list-style-type: none"> All ages: >60 breaths/ min Grunting Moderate or severe chest recession
O2 sats*	<ul style="list-style-type: none"> 95% or above 	<ul style="list-style-type: none"> 92-94% 	<ul style="list-style-type: none"> 92%
Circulation	<ul style="list-style-type: none"> Normal HR (as below) 	<ul style="list-style-type: none"> Tachycardia <1 yr: >160bpm 1-2yrs: >150 bpm 2-5 yrs: >140 bpm 	<ul style="list-style-type: none"> Tachycardia Diminished pulses Hypotension
Hydration	<ul style="list-style-type: none"> Normal skin and eyes Capillary Refill <2secs Moist mucous membranes 	<ul style="list-style-type: none"> Poor feeding Reduced urine output Dry mucous membranes Capillary refill 2-3 secs 	<ul style="list-style-type: none"> Reduced skin turgor Sunken eyes Capillary refill >3secs
Other	<ul style="list-style-type: none"> None of the amber or red signs Consider Top Tips 	<ul style="list-style-type: none"> Fever for >5days 0-3m: Temp >38 3-6m: Temp >39 Swelling of limb or joint Non-weight bearing/ not using an extremity A new lump >2cm 	<ul style="list-style-type: none"> Bulging fontanelle Non blanching rash Neck stiffness Bile-stained vomiting Focal seizures Focal neurological signs Status epilepticus

If all green features and no amber or red

- Send Home
- Give appropriate guidance and safety net advice
- Discuss age appropriate doses of antipyretics
- Give Fever advice sheet

If any amber features and no red

- Consider same day review either in practice or if after 3.30 at Out of Hours (form on DXS)
- Give Fever Advice Sheet
- Make sure that age appropriate doses of antipyretics are being used
- If you feel child is ill, needs O2 support or will not maintain hydration discuss with Paediatrician on call

If any red features

- Bleep Paediatrician On call
- Consider appropriate means of transport
- If appropriate commence relevant treatment to stabilise child for transfer
- Consider starting high flow oxygen support
- Send relevant documentation

Paediatric Normal Values (adapted from APLS)			
Age	Resp Rate	Heart Rate	Systolic BP
Neonate <4w	40-60	120-160	>60
Infant <1 y	30-40	110-160	70-90
Toddler 1-2 yrs	25-35	100-150	75-95
2-5 yrs	25-30	95-140	85-100

Top Tips
<ul style="list-style-type: none"> • If no focus for fever get clean catch urine sample • Remove clothes to observe and look for rash • Examine bones and joints • Examine for neck stiffness • Use an age appropriate O2 saturation probe <ul style="list-style-type: none"> » needs to cover child's finger or toe with a good seal » an adult probe could be used on the big toe of a 5 yr old

Age appropriate doses of oral antipyretics (from BNF)	
Paracetamol	
<1m	10-15mg/kg every 6-8 hours (max. 60mg/kg daily in divided doses)
1-3m	30-60mg every 8 hours (max. 60mg/kg daily in divided doses)
3-6m	60mg every 4-6 hours (max. 4 doses in 24 hours)
6m-2y	120mg every 4-6 hours (max. 4 doses in 24 hours)
2-4y	180mg every 4-6 hours (max. 4 doses in 24 hours)
4-6y	240mg every 4-6 hours (max. 4 doses in 24 hours)
Ibuprofen	
1-3m	5mg/kg 3-4 times daily
3-6m	50mg 3 times daily (max. 30mg/kg daily in 3-4 divided doses)
6m-1y	50mg every 3-4 times daily (max. 30mg/kg daily in 3-4 divided doses)
1-4y	100mg every 3 times daily (max. 30mg/kg daily in 3-4 divided doses)
4-6y	150mg every 3 times daily (max. 4 doses in 24 hours)

Consider Paediatric Urgent Care Pathway
Alternatives to hospital admission when GPs are considering referral:
<ul style="list-style-type: none"> • For paediatric advice call 01865 741166 and ask for the CDU Paediatrician • Paediatric Email Advice oxon.paediatricadvice@nhs.net • Refer to the Rapid Access Clinic via ERS • OOH Review Form DXS under 'Same Day GP Paediatric Review'

Useful numbers for clinicians in the community		
John Radcliffe Hospital	Tel: 01865 741166	(Bleep) 1711
Horton General Hospital	Tel: 01295 275500	(Bleep) Paediatrician On Call
Royal Berkshire Hospital	Tel: 0118 322 5111	(Bleep) Paediatrician On Call
Great Western Hospital	Tel: 01793 604020	(Bleep) Paediatrician On Call
Stoke Mandeville Hospital	Tel: 01296 315000	(Bleep) Paediatrician On Call

Based on Feverish illness in children assessment and initial management in children younger than 5 years 2013 NICE clinical guideline 160

This guidance is written in the following context:

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer.