Clinical Assessment / Management Tool for Children

# **Management - Primary Care and Community Settings**





Patient presents with or has a history of fever Temp ≥38°

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

Yes

Bile-stained vomiting

Refer

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

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

Younger

## Table 1

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	<ul> <li>Responds normally to social cues</li> <li>Content / smiles</li> <li>Stays awake or awakens quickly</li> <li>Strong normal cry / not crying</li> </ul>	<ul> <li>Reduced response to social cues</li> <li>Wakes only with prolonged stimulation</li> <li>Decreased activity</li> <li>No smile</li> <li>Poor feeding in infants</li> </ul>	<ul> <li>No response to social cues</li> <li>Unable to rouse or if roused does not stay awake</li> <li>Weak, high pitched or continuous cry</li> <li>Appears ill to a healthcare professional</li> </ul>			
Respiratory	None of the amber or red symptoms or signs	<ul> <li>Nasal flaring</li> <li>Tachypnoea: RR 40-50 if 1-5 years; RR 25-30 if 6-11 years; RR 20-25 if &gt;=12 years</li> <li>Oxygen saturation ≤ 95% in air</li> <li>Crackles</li> </ul>	<ul> <li>Grunting</li> <li>Tachypnoea: RR &gt;60 breaths/min if aged &lt;12 months; RR &gt;50 if 1-5 years; RR &gt;30 if 6-11 years; RR &gt;25 if &gt;=12 years</li> <li>Moderate or severe chest indrawing</li> </ul>			
Circulation and Hydration	Normal skin and eyes	<ul> <li>Tachycardia: HR &gt; 160 beats/min if age &lt; 1 yr; HR &gt; 150 beats/min if age 1 - 2 years; HR &gt; 140 beats/min if age 3 - 5 years; HR &gt; 120 beats/min if 6-11years; HR &gt; 100 beats/min if age &gt; 12 years</li> <li>Dry mucous membranes</li> <li>Reduced urine output</li> <li>Central refill 2-3 seconds</li> </ul>	Reduced skin turgor     Capillary refill >3 seconds			
Other	None of the amber or red symptoms or signs	<ul> <li>Fever for ≥ 5 days</li> <li>Swelling of a limb or joint</li> <li>Non-weight bearing / not using an extremity</li> <li>A new lump ≥ 2 cm</li> <li>Age 3-6 months temp ≥39°C (102.2°F) with no clear focus of infection</li> <li>Additional parental/carer support required?</li> </ul>	<ul> <li>Bulging fontanelle</li> <li>Neck stiffness</li> <li>Focal seizures</li> <li>Sustained tachycardia</li> <li>Non-blanching rash</li> <li>Focal neurological signs</li> <li>Age 0-3 months with axillary temp ≥ 38°C (100.4°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</li> </ul>			



#### **Green Action**

#### Perform

 Assess for focus of intervention – 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 parent/carer with appropriate parent advice sheet (fever under 5 years/5 years and over) and advice on signs, symptoms and changes-signpost the parent/carer where to go, should things change.

### **Amber Action**

Recent return from malaria endemic area in preceding 3 months

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 clear management plan agreed with parents.

## **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

transfe

Send relevant documentation

Safety netting

Hospital Emergency
Department / Paediatric Unit

CS51313

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findings (See "Good Medical Practice" http://bit.ly/1DPXl2b

Fever Pathway
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# **Management - Primary Care and Community Settings**

# Table 2

Normal Paediatric Values:					
(APLS†)	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		

Wiley-Blackwell / 2011 BMJ Books.					
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				

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