Fever pathway





Clinical support tool for community pharmacists

History of fever ≥38°

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

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Clinical findings	Green – low risk	Amber – intermediate risk	Red – high risk
Colour Activity	 Normal colour of skin, lips and tongue Responds normally to social cues Content/smiles Stays awake or wakens quickly Strong normal cry / not crying 	Pallor Reduced response to social cues Wakes only after prolonged stimulation Infant (under 1 year) not feeding	Blue or grey colour Unable to rouse or if roused does not stay awake Clinical concerns about nature of cry (Weak, high pitched or continuous)
Respiratory	None of amber or red symptoms	 RR 50-60 breaths/min if aged <12 months RR 40-50 breaths/min if age 1-5 years RR 25-30 breaths/min if age 6 -11 years RR 20-25 breaths/min if age ≥12 years Mild/moderate respiratory distress 	 Grunting or severe respiratory distress RR >60 breaths/min if aged <12 months RR >50 breaths/min if age 1-5 years RR >30 breaths/min if age 6 -11 years RR >25 breaths/min if age ≥12 years
Circulation / hydration	None of amber or red symptoms	Cold hands and feet in absence of fever Reduced urine output Not tolerating fluids	
Other	None of amber or red symptoms	 Fever for ≥ 5 days Swelling of limb or joint Non-weight bearing / not using an extremity Swollen eye A new lump ≥ 2cm Symptoms suggest UTI Symptoms suggest cellulitis Symptoms suggest scarlet fever Age 3-6 months with temp ≥39° (102.2°F) with no clear focus of infection Additional parental/carer support required Lower threshold for face to face review if significant chronic co-morbidities Recent return from malaria endemic area in preceeding 3 months 	 Age 0-3 months with temp ≥38° (100.4°F) Seizure Rigors Non-blanching rash



Green Action

Provide Fever safety netting advice for children:

Under 5 years of age

5 years and over

Confirm they are comfortable with the decisions/advice given Always consider safeguarding issues.

Amber Action

Refer to primary care for review.

Red Action

Refer immediately to emergency care – consider whether 999 transfer or parent/taxi most appropriate based on clinical acuity etc.

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