## **Fever pathway**



## **Clinical support tool for remote clinical assessment**

History of fever ≥38°

Is the child younger than 3 months?

-Vo





Clinical findings	Green – Iow risk	Amber – intermediate risk	
Colour Activity	<ul> <li>Normal colour of 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> <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> <li>Blue or gre</li> <li>Unable to r</li> <li>Clinical cor continuous</li> </ul>
Respiratory	None of amber or red symptoms	<ul> <li>RR 50-60 breaths/min if aged &lt;12 months</li> <li>RR 40-50 breaths/min if age 1-5 years</li> <li>RR 25-30 breaths/min if age 6 -11 years</li> <li>RR 20-25 breaths/min if age ≥12 years</li> <li>Mild/moderate respiratory distress</li> </ul>	<ul> <li>Grunting of</li> <li>RR &gt;60 bre</li> <li>RR &gt;50 bre</li> <li>RR &gt;30 bre</li> <li>RR &gt;25 bre</li> </ul>
Circulation / hydration	None of amber or red symptoms	<ul> <li>Cold hands and feet in absence of fever</li> <li>Reduced urine output</li> <li>Not tolerating fluids</li> </ul>	
Other	None of amber or red symptoms	<ul> <li>Fever for ≥ 5 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 ≥ 2cm</li> <li>Symptoms suggest UTI</li> <li>Symptoms suggest cellulitis</li> <li>Symptoms suggest scarlet fever</li> <li>Age 3-6 months with temp ≥39° (102.2°F) 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> <li>Recent return from malaria endemic area in preceeding 3 months</li> </ul>	Age 0-3 mo Seizure Rigors Non-blanct

**Green Action Amber Action** Provide Fever safety netting advice for children: For face to face review (consider if video consultation is appropriate). Under 5 years of age If timely clinical review cannot be facilitated in primary care, 5 years and over low threshold for referral to ED. Confirm they are comfortable with the decisions/advice given Always consider safeguarding issues.

This writing of this guideline involved extensive consultation with healthcare professionals in Wessex

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.



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

## Red – high risk

grey colour o rouse or if roused does not stay awake concerns about nature of cry (Weak, high pitched or us)

or severe respiratory distress breaths/min if aged <12 months breaths/min if age 1-5 years breaths/min if age 6 -11 years breaths/min if age ≥12 years

months with temp  $\geq 38^{\circ}$  (100.4°F)

hching rash



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

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