Fever Paediatric Pathway

Clinical assessment/management tool for children

Management – Primary Care and Community Settings

History of fever ≥ 3	8º C Is th	e child younger than 3 months?	
		ΝΟ	
Clinical Findings	Green- low risk	Amber – intermediate 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 Unat Clinic or cont
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 	 Grun RR >6 RR >5 RR >3 RR >5 RR >5
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 comorbidities Recent return from malaria endemic area in preceding 3 months 	 Age (Seizu Rigoi Non-
	Green Action Provide Fever <u>safety netting advice</u> for children: Confirm they are comfortable with the decisions/advice given Always consider safeguarding issues	Amber Action Consider referral to Community Nursing team: HERE	Refer im transfer acuity ef

This guidance has been reviewed and adapted by healthcare professionals across HWE with consent from the Healthier Together Steering Group.

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 hospitalbased setting. Consider whether 999 transfer or parent/taxi most appropriate based on clinical acuity.

Red – high risk

e or grey colour able to rouse or if roused does not stay awake nical concerns about nature of cry (Weak, high pitched

ntinuous)

unting or severe respiratory distress >60 breaths/min if aged <12 months >50 breaths/min if age 1-5 years >30 breaths/min if age 6 -11 years >25 breaths/min if age ≥12 years

 $2 \text{ O-3 months with temp } \ge 38^{\circ} \text{ C} (100.4^{\circ}\text{F})$ zure ors n-blanching rash



Red Action

mmediately to emergency care – consider whether 999 er to parent/taxi most appropriate based on clinical etc.

*Normal paediatric values:						
(APLS [†])	Respiratory Rate at rest: [b/min]	Heart Rate [bpm]				
< 1 year	30 - 40	110 - 160				
1-2 years	25 - 35	100 - 150				
> 2-5 years	25 - 30	95 - 140				
5-12 years	20-25	80-120				
>12 years	15-20	60-100				

Paediatric Values - Abnormal Values							
Age	Respiratory Rate (breaths/min)		Heart Rate (bpm)				
	Amber	Red	Amber	Red			
<1 year 1-2 years 3-4 years 5 years old	50-59 40-49 35-39 24-28	≥ 60 ≥50 ≥ 40 ≥ 29	150-159 140-149 130-139 120-129	≥160 ≥ 150 ≥140 ≥ 130			

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