## **Fever Pathway**

When to use this pathway



Priorities of clinical assessment



Risk Factors for sepsis

## **Clinical Assessment/Management tool for Children**

• Temperature greater than 38°C ii		o the symptoms and/or signs suggest an immediately life threatening (high risk) ness? etermine source of fever entify high risk groups for infection	<ul> <li>Age under 3 months</li> <li>Recent surgery/trauma/invasive procedure/abdominal pain (in last 6 weeks)</li> <li>History of chronic disease (neuro-disability, chest disease)</li> <li>Indwelling lines or catheters</li> <li>Impaired immunity due to illness/drugs (steroids, chemotherapy, immunosuppression)</li> </ul>
CLINICAL FINDINGS	GREEN LOW RISK	AMBER MEDIUM RISK	RED HIGH RISK
Respiratory	<ul> <li>Normal respiratory rate (RR) for age - see APLS aide memoire</li> <li>No respiratory distress</li> <li>Oxygen saturations sats ≥ 95%</li> </ul>	<ul> <li>Tachypnoea – RR &gt; 50 if &lt; 12 months, &gt; 40 if &gt; 12 months - see APLS amemoire</li> <li>Oxygen saturation 92%-94% in air</li> <li>Signs of mild respiratory distress</li> <li>Nasal flaring, mild chest recession</li> </ul>	<ul> <li>Tachypnoea – RR &gt; 60 if &lt; 12 months; RR &gt; 50 if 1-5 years, RR &gt; 30 if 6-11 years; RR &gt; 25 if &gt; = 12 years - see APLS aide memoire</li> <li>Oxygen saturations &lt;92%</li> <li>Signs of moderate or severe respiratory distress</li> <li>Moderate or severe chest recession, grunting</li> </ul>
Circulation and Hydration	<ul> <li>Normal heart rate (HR) for age - see APLS aide memoire</li> <li>Central capillary refill &lt; 2 seconds</li> <li>No signs of dehydration</li> <li>Has passed urine in last 12 hours</li> <li>Normal skin and eyes</li> </ul>	<ul> <li>Tachycardia - &gt;160 bpm &lt;12 months, &gt;150bpm 12-24 months, &gt;140b years old - see APLS aide memoire</li> <li>Central capillary refill 2-3 seconds</li> <li>Mild signs of dehydration—dry mucous membranes</li> <li>Reduced urine output</li> </ul>	<ul> <li>Severe or sustained tachycardia - see APLS aide memoire</li> <li>Central capillary refill &gt;3 seconds</li> <li>Moderate or severe signs of dehydration—reduced skin turgor, sunken eyes, sunken fontanelle</li> <li>Very reduced or no urine output</li> </ul>
Colour and Activity	<ul> <li>Normal colour of skin, lips and tongue</li> <li>Responds normally to social cues</li> <li>Stays awake or awakens quickly</li> <li>Content/smiles</li> <li>Strong normal cry/not crying</li> </ul>	<ul> <li>Pallor reported by parent/carer</li> <li>Reduced response to social cues</li> <li>Wakes only with prolonged stimulation</li> <li>Decreased activity</li> <li>Poor feeding in infants</li> </ul>	<ul> <li>Pale/mottled/ashen/blue skin</li> <li>Non-blanching rash</li> <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>
Other symptoms, and signs	No amber or red symptoms or signs	<ul> <li>Age 3-6 months with no clear focus of infection</li> <li>Temp &gt; 39°C in babies 3-6 months</li> <li>Fever for ≥ 5 days</li> <li>A new lump ≥ 2 cm</li> <li>Swelling of a limb or joint</li> <li>Significant parental concern or additional support required</li> <li>Recent return from malaria endemic area in preceding 3 months</li> <li>Non-weight bearing or not using an extremity</li> </ul>	<ul> <li>Temp ≥ 38°C in babies under 3 months</li> <li>Low temperature (below 36°C) in babies &lt; 3 months</li> <li>Bulging fontanelle or neck stiffness</li> <li>Focal seizures or Focal neurological signs</li> <li>Bile-stained vomiting</li> </ul>
	GREEN ACTION	AMBER ACTION	RED ACTION
	<ul> <li>Assess for focus of infection</li> <li>If no focus in child under 5 years of age, consider clean catch uring and evaluate for Urinary Tract Infection.</li> <li>Provide written and verbal advice, see our page on fever</li> </ul>	<ul> <li>Consider discussion with a Paediatrician or arrange review in primary</li> <li>Provide written and verbal advice, see our page on <u>fever</u></li> <li>Agree safe management plan with parent/carer</li> <li>If risk factors present, discuss with Paediatrician</li> </ul>	<ul> <li>Arrange urgent hospital assessment</li> <li>Consider 999</li> <li>Alert Paediatrician</li> <li>Commence relevant treatment to stabilise child for transfer</li> </ul>