**Clinical Assessment Tool for the Febrile Child 0-16 years**

Out of hospital pathway-Luton & South Beds

**Think ‘’could this be sepsis?’’ And refer to NICE guidelines on sepsis, recognition, diagnosis, early management if a child presents with fever and symptoms or signs that indicates possible sepsis.**



Do symptoms and/or signs suggest an immediately life-threatening illness?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No |  |  | Yes |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  Look for traffic light symptoms |  |  | Refer immediately to |  |
|  |  |  |  |
| and signs of serious illness |  |  |  | emergency medical care by |  |
| (see table 1) and symptoms |  |  |  | the most appropriate |  |
| and signs of specific diseases |  |  |  | means of transport |  |
| (see table 2 overleaf) |  |  |  | (usually 999 ambulance) |  |
|  |  |
|  |  |  |  |  |  |  |  |

If all green features and no amber or red

|  |  |  |
| --- | --- | --- |
| If any amber features | If any red features |  |
| and no red |  |
|  |  |

Provide parents/carers with discharge advice. Follow up by arranging an appropriate health care professional.

**Children’s Rapid Response contact details: 07966025787**

**GP Urgent Connect:**

**01582 297297**

If further advice is required contact the paediatric team via GP urgent connect in hours or bleep on call registrar out of hours (733)

* Provide parent/carer with written or verbal information on warning symptoms and accessing further healthcare.
* Arrange appropriate follow up to Rapid Response Team¹
* Liaise with other professionals to ensure parent/carer has direct access to further assessment.
* Refer to Children's Rapid Response if there are ongoing clinical concerns requiring review.

Send child for urgent assessment in a face-to-face setting within 2 hours

**Table 1 Traffic light system for identifying likelihood of serious illness**



|  |  |  |  |
| --- | --- | --- | --- |
|  | **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** | • Responds normally to social cues• Content/smiles• Stays awake or awakens quickly• Strong normal cry/not crying | • Not responding normally to social cues• Wakes only with prolonged stimulation• Decreased activity• No smile | • No response to social cues• Appears ill to a healthcare professional• Unable to rouse or if roused does not stay awake• Weak, high-pitched or continuous cry |
| **Respiratory** |  | • Nasal flaring• Moderate Tachypnoea: (table 3)• Oxygen saturation ≤ 95% in air• Crackles | • Grunting• Severe Tachypnoea (table 3)• Moderate or severe chest indrawing**.** Sp02 <92%/ new need for oxygen |
| **Circulation and Hydration**  | • Normal skin and eyes• Moist mucous membranes  | **.** Reduced urine output **. Moderate** Tachycardia (table 3)**.** Poor feeding in infants**.** Dry mucous membranes**.** CRT≥ 3 seconds | • Reduced skin turgor**.** Bradycardia**.** Severe tachycardia (table 3). Not passed urine in last 18 hours |
| **Other**  | • None of the amber or red symptoms or signs | **.** Age 3-6 months temperature ≥39◦C**.** Fever for ≥5 days**.** Swelling of a limb or joint**.** Non-weight bearing/not using an extremity**.** Rigors | **.** Age 0-3 months temperature ≥38◦C**.** Non-blanching rash**.** Bulging fontanelle**.** Neck stiffness**.** Status epilepticus**.** Focal neurological signs**.** Focal seizures |
| **CRT:** capillary refill time \*Some Vaccinations have been found to induce fever in children aged under 3 months. |

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Out of hospital pathway

**Table 2 Symptoms and signs of specific diseases**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Diagnosis to be considered** | **Symptoms and signs in conjunction with fever** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| Meningococcal disease | **Non-blanching rash, particularly with one or more of the following:** |  |  |  |
|  | • an ill-looking child |  | • CRT ≥ 3 seconds |  |  |  |
|  | • lesions larger than 2 mm in diameter (purpura) | • neck stiffness |  |  |  |
|  |  |  |  |  |  |
| Bacterial Meningitis1 | • Neck stiffness |  | • Decreased level of consciousness |  |  |
|  | • Bulging fontanelle |  | • Convulsive status epilepticus |  |  |
|  |  |  |  |  |  |  |
| Herpes simplex encephalitis | • Focal neurological signs | • Focal seizures |  | • Decreased level of consciousness |  |  |
|  |  |  |  |  |  |
| Pneumonia | • Tachypnoea, measured as: |  | • Crackles in the chest |  |  |
|  | – 0–5 months – RR > 60 breaths/minute | • Nasal flaring |  |  |  |
|  | – 6–12 months – RR > 50 breaths/minute | • Chest indrawing |  |  |  |
|  | – > 12 months – RR > 40 breaths/minute | • Cyanosis |  |  |  |
|  |  |  | • Oxygen saturation ≤ 95% |  |  |
| Urinary tract infection (in children | • Vomiting | • Lethargy |  | • Irritability |  |  |
| aged older than 3 months)2 | • Abdominal pain or tenderness | • Urinary frequency or dysuria | • Poor feeding  |  |  |
| Septic arthritis/osteomyelitis | • Swelling of a limb or joint | • Non-weight bearing | • Not using an extremity |  |  |
|  |  |  |  |  |
| Kawasaki disease3 | **Fever lasting 5 days or longer. Additional features may include:** |  |  |  |
|  | • bilateral conjunctival injection without exudate |  | • oedema and erythema of hands and feet |  |  |
|  | • erythema and cracking of lips;strawberry tongue, or erythema of oral and pharyngeal mucosa |  |  |  |
|  | • cervical lymphadeonopathy | • polymorphous rash |  |  |
|  |  |  |  |  |  |  |
| CRT: capillary refill time | RR: respiratory rate |  |  |  |  |  |
|  |  |  |  |  |  |  |

1 Classical signs (neck stiffness, bulging fontanelle, high-pitched cry) are often absent in infants with bacterial meningitis.

2 Urinary tract infection should be considered in any child aged younger than 3 months with fever. See ‘Urinary tract infection in children’.

3 Children under 1 may present with fewer clinical features of Kawasaki disease but may be more at risk of coronary artery abnormalities than older children.

**Table 3**

**Age Tachypnoea (breaths/min) Tachycardia (beats/min)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Severe | Moderate | Severe | Moderate |
| <1 year | ≥60 | 50-59 | ≥160 | 150-159 |
| 1-2 years | ≥50 | 40-49 | ≥150 | 140-149 |
| 3-4 years | ≥40 | 35-39 | ≥140 | 130-139 |
| 5 years | ≥29 | 24-28 | ≥130 | 120-129 |
| 6-7 years | ≥27 | 24-26 | ≥120 | 110-119 |
| 8-11 years | ≥25 | 22-24 | ≥115 | 105-115 |
| 12 years and over | ≥25 | 21-24 | ≥130 | 91-130 |

This guidance is written in the following context:

This assessment tool is based on NICE guidance, which was arrived at after careful consideration of the evidence available. 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 guardian or carer.

To be read in conjunction with Feverish Illness in Children, NICE guideline NG143. Oct 2023 v8.1