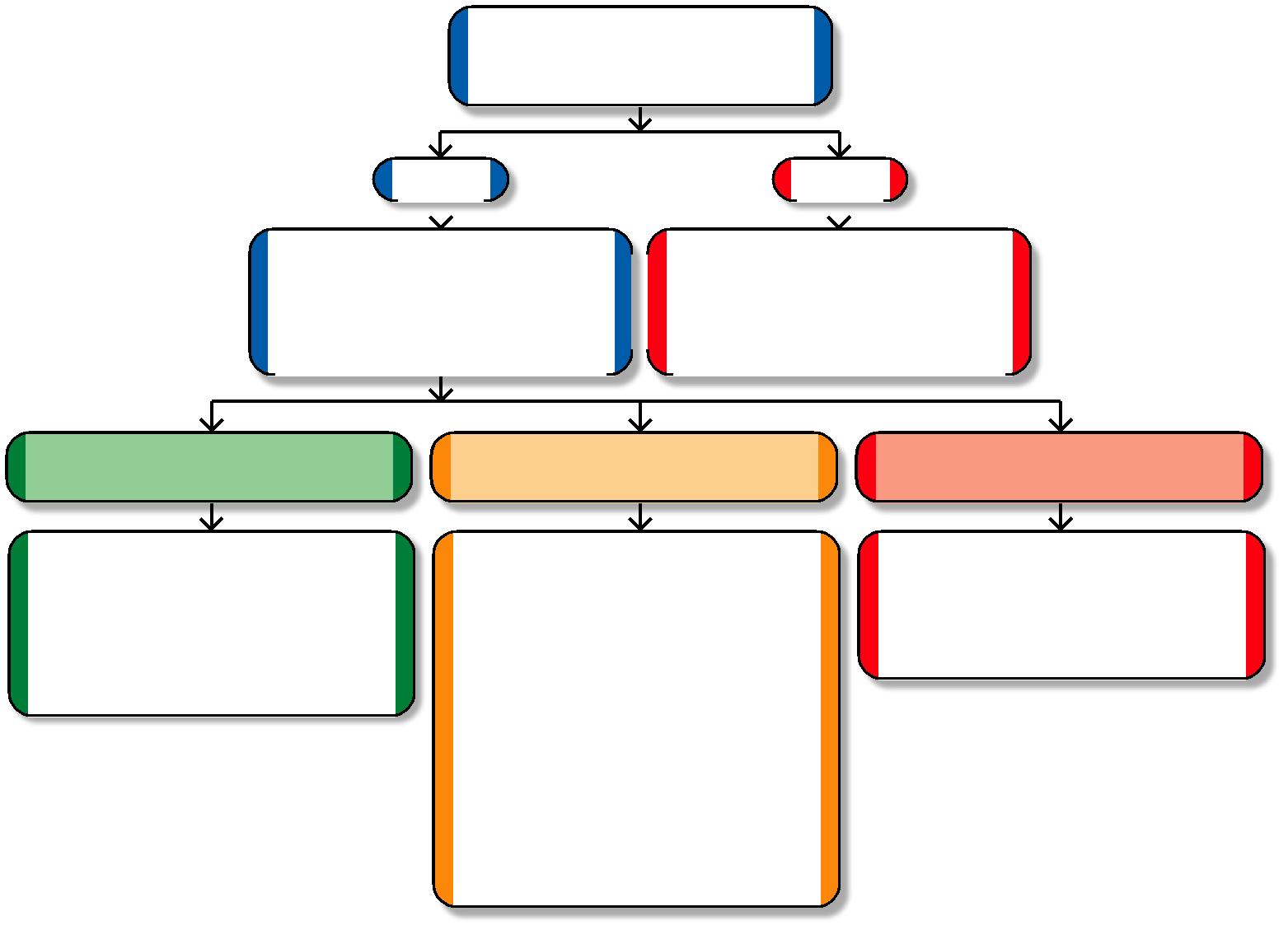
**Clinical Assessment Tool for the Febrile Child 0-16 years**

Out of hospital pathway

**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. Consider referral to Children’s Primary Care Team¹

**Children’s Primary Care Team contact details: 01908 303030 (Option 4) or remote referral on SystmOne**

If further advice is required contact the paediatric team via GP urgent connect in hours or bleep on call registrar out of hours (01908 660033 bleep 1632)

* Provide parent/carer with written or verbal information on warning symptoms and accessing further healthcare
* Arrange appropriate follow up to Children’s Primary Care Team¹
* Liaise with other professionals to ensure parent/carer has direct access to further assessment

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. | | | |

**Clinical Assessment Tool for the**

**Febrile Child 0-16 Years**

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 Tachyapnoea (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 |