

Fever Pathway



Clinical Assessment/Management tool for Children

Primary and Community Care Settings

When to use this pathway:	Priorities of clinical assessment	Risk Factors
<ul style="list-style-type: none"> • Patient presents with or has a history of fever • Temperature greater than 38°C 	<ul style="list-style-type: none"> • Do the symptoms and/or signs suggest an immediately life threatening (high risk) illness? • Determine source of fever • Identify high risk groups for infection 	<ul style="list-style-type: none"> • Age under 3 months • Recent surgery/trauma/invasive procedure/abdominal pain (in last 6 weeks) • History of chronic disease (neuro-disability, chest disease) • Indwelling lines or catheters • Impaired immunity due to illness/drugs (steroids, chemotherapy, immunosuppression)

CLINICAL FINDINGS	GREEN LOW RISK	AMBER MEDIUM RISK	RED HIGH RISK
Respiratory	<ul style="list-style-type: none"> • Normal respiratory rate (RR) for age • No respiratory distress • Oxygen saturations sats \geq 95% 	<ul style="list-style-type: none"> • Tachypnoea - see ALPS aide memoire • Oxygen saturation 92%-94% in air • Signs of Mild Respiratory Distress • Nasal flaring, mild chest recession 	<ul style="list-style-type: none"> • Tachypnoea - see ALPS aide memoire • Oxygen saturations $<$92% • Signs of moderate or severe respiratory distress • Moderate or severe chest recession, Grunting
Circulation and Hydration	<ul style="list-style-type: none"> • Normal heart rate (HR) for age • Central capillary refill $<$ 2 seconds • No signs of dehydration • Has passed urine in last 12 hours • Normal skin and eyes 	<ul style="list-style-type: none"> • Tachycardia - see ALPS aide memoire • Central capillary refill 2-3 seconds • Mild signs of dehydration—dry mucous membranes • Reduced urine output 	<ul style="list-style-type: none"> • Severe or sustained tachycardia • Central capillary refill $>$3 seconds • Moderate or severe signs of dehydration—reduced skin turgor, sunken eyes, sunken fontanelle • Very reduced or no urine output
Colour and Activity	<ul style="list-style-type: none"> • Normal colour of skin, lips and tongue • Responds normally to social cues • Stays awake or awakens quickly • Content/smiles • Strong normal cry/not crying 	<ul style="list-style-type: none"> • Pallor reported by parent/carer • Reduced response to social cues • Wakes only with prolonged stimulation • Decreased activity • Poor feeding in infants 	<ul style="list-style-type: none"> • Pale/mottled/ashen/blue skin • Non-blanching rash • No response to social cues • Unable to rouse or if roused does not stay awake • Weak, high pitched or continuous cry • Appears ill to a healthcare professional
Other symptoms, and signs	<ul style="list-style-type: none"> • No amber or red symptoms or signs 	<ul style="list-style-type: none"> • Age 3-6 months with no clear focus of infection • Temp \geq 39°C • Fever for \geq 5 days • A new lump \geq 2 cm • Swelling of a limb or joint • Significant parental concern or additional support required • Recent return from malaria endemic area in preceding 3 months 	<ul style="list-style-type: none"> • Temp \geq 38°C n babies under 3 months • Temp $>$ 39°C in babies 3-6 months • Low temperature (below 36°C) • Bulging fontanelle or neck stiffness • Focal seizures or Focal neurological signs • Bile-stained vomiting • Non-weight bearing or not using an extremity
	GREEN ACTION	AMBER ACTION	RED ACTION
	<ul style="list-style-type: none"> • Assess for focus of infection • If no focus in child under 5 years of age, consider clean catch urine specimen and evaluate for Urinary Tract Infection. 	<ul style="list-style-type: none"> • Agree safe management plan with parent/carer • Consider discussion with a Paediatrician 	<ul style="list-style-type: none"> • Refer immediately to emergency care – consider 999 • Alert Paediatrician • Commence relevant treatment to stabilise child for transfer • Under 3 month refer to Hospital Emergency Department/Paediatric Unit