

Fever

For use by healthcare professionals only



Clinical Assessment/Management tool for Children

Primary and Community Care Settings

When to use this clinical assessment tool:	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 <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 ≥ 95% • No chest recessions • No nasal flaring 	<ul style="list-style-type: none"> • Tachypnoea - see APLS aide memoire • Oxygen saturation 92%-94% in air • Signs of Mild to moderate Respiratory Distress • Nasal flaring, mild chest recession 	<ul style="list-style-type: none"> • Significant Respiratory Distress - see APLS aide memoire • Grunting • Apnoea • Severe Recessions and Nasal Flaring • Oxygen saturations <92% • All ages, RR >60 BPM
Circulation and Hydration	<ul style="list-style-type: none"> • Normal heart rate (HR) for age • Central capillary refill < 2 seconds • No signs of dehydration, moist mucous membranes • Has passed urine in last 12 hours • Normal skin and eyes • Tolerating >75% of fluid 	<ul style="list-style-type: none"> • Tachycardia - see APLS aide memoire • Central capillary refill 2-3 seconds • Mild signs of dehydration—dry mucous membranes • Reduced urine output (>1 wet nappy over 24 hours) • 50 to 75% fluid intake over the last 3 to 4 feeds 	<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 • Weak peripheral pulses • Hypotensive (low blood pressure) • >50% fluid intake over last 2 - 3 feeds
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"> • Appears well • Explore other concerns/holistic assessment 	<ul style="list-style-type: none"> • Age 3-6 months with no clear focus of infection • Temp ≥ 39°C • Fever for ≥ 5 days • A new lump ≥ 2 cm • Swelling of a limb or joint • Not weight bearing limb / not using an extremity • Significant parental concern or additional support required • Recent return from malaria endemic area in preceding 3 months 	<ul style="list-style-type: none"> • Temp ≥ 38°C in 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 • Status epilepticus
	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. • Provide information leaflet and confirm they understand 	<ul style="list-style-type: none"> • Agree safe management plan with parent/carer • Consider discussion with a Paediatrician • Same day review in primary care 	<ul style="list-style-type: none"> • Refer immediately to emergency care – consider 999 • Alert Paediatrician • Commence relevant treatment to stabilise child for transfer • If sepsis, consider antibiotic in primary care - (Intramuscular Benzyl penicillin)