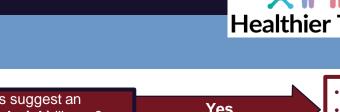
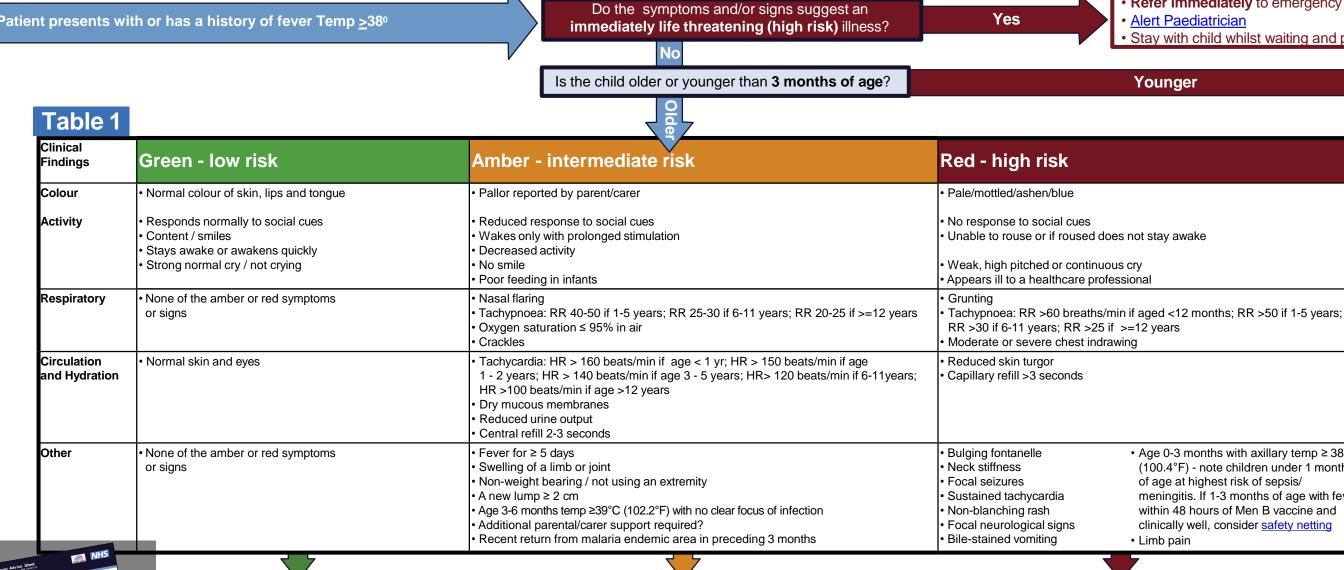
Fever Pathway

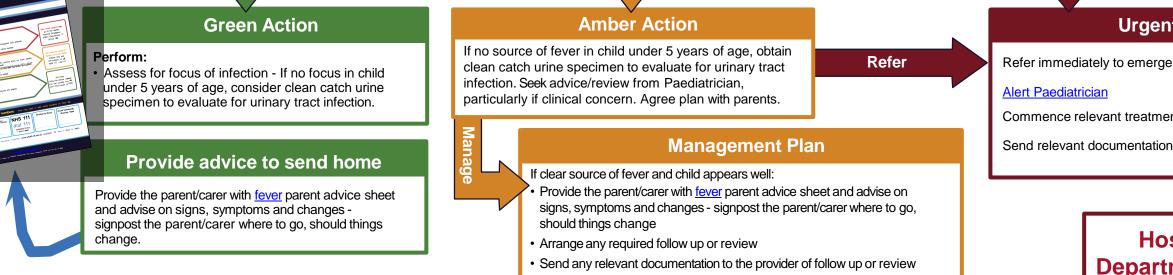
Clinical Assessment / Management Tool for Children

Management - Combined Acute and Primary Care

Patient presents with or has a history of fever Temp >38º







This guidance has been reviewed and adapted by healthcare professionals across SWL with consen from the Hampshire development groups

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Refer immediately to emergency care by 999 Alert Paediatrician Stay with child whilst waiting and prepare documentation

Younger • Age 0-3 months with axillary temp \geq 38°C (100.4°F) - note children under 1 month of age at highest risk of sepsis/ First Version: Oct 2022 Review Date: Oct 2025 meningitis. If 1-3 months of age with fever within 48 hours of Men B vaccine and clinically well, consider safety netting Limb pain **Urgent Action** Refer immediately to emergency care - consider 999 Commence relevant treatment to stabilise child for transfer **Hospital Emergency**

Department / Paediatric Unit

CS51313



Management - Combined Acute and Primary Care

Table 2

Normal	Values
Normal	Values

Respiratory Rate at rest [breath/min] Birth-2m 25-50 3m-5m 25-45 6m-17m 20-40 18m-2yrs 20-34 >2-7yrs 20-30 >8-11yrs 15-25 >12yrs 12-24

Heart Rate [beat/min]

Birth-2m 120-170 3m-5m 115-160 6m-17m 110-160 18m-2yrs 100-155 >2-3yrs 100-150 >3-4yrs 90-140 4-5yrs 80-135 6-7yrs 80-130 8-12yrs 70-120 >12yrs 65-115

Ref: Advanced Paediatric Life Support 6th Edition. Advanced Life Support group Wiley Blackwell/2015 BMJ Books

Diagnoses to be considered	Symptoms and signs in conj	iunction with fever
Meningococcal septicaemia	•An ill-looking child •Lesions larger than 2mm in di ameter (purpura)	not be the first sign),
Meningitis	•Neck stiffness •Bulging fontanelle	•Decreased level of consciousness •Convulsive status epilepticus •Cold extremities
Herpes simplex encephalitis	 Focal neurological signs Focal seizures Decreased level of consciousness 	
Pneumonia	Tachypnoea, measured as: •0 – 5 mths - RR >60 breaths/min •6 – 12 mths - RR >50 breaths/min •>12 mths - RR >40 breaths/min	•Crackles in the chest •Nasal flaring •Chest recession •Cyanosis •Oxygen saturation ≤95%
Urinary tract infection (in children aged older than 3 months) ²	 Vomiting Abdominal pain or tenderness Lethargy Urinary frequency or dysuria Irritability Offensive urine, haematuria Poor feeding 	
Septic arthritis/ osteomyelitis	•Swelling of a limb or joint •Non-weight bearing •Not using an extremity	
Kawasaki disease₃	Fever lasting longer than 5 days following: •Bilateral conjunctival injection •Change in upper respiratory tract mucous membranes (e.g. injected pharynx, dry cracked lips or strawberry tongue)	•Change in the peripheral extremities (e.g. oedema, erythema or desquamation) •Polymorphous rash •Cervical lymphadenopathy

1. Classical sign (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, NICE clinical guideline CG054, August 2007)

3.Note: in rare cases, incomplete / atypical Kawasaki disease may be diagnosed with fewer features.

4. Thompson MJ, Ninis N, Perera R, et al. Clinical recognition of meningococcal disease in children and adolescents. Lancet. 2006; 367 (9508): 397-403.

Glos
ABC
APL
AVP
B/P
CPD
CRT
ED
GCS
HR
MOI
PEW
RR
WBC

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ssary of Terms		
	Airways, Breathing, Circulation	
S	Advanced Paediatric Life Support	
U	Alert Voice Pain Unresponsive	
	Blood Pressure	
	Continuous Professional Development	
	Capillary Refill Time	
	Hospital Emergency Department	
;	Glasgow Coma Scale	
	Heart Rate	
	Mechanism of Injury	
/S	Paediatric Early Warning Score	
	Respiratory Rate	
	White Blood Cell Count	