

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

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