

Fever Pathway



Clinical Assessment/Management tool for Children

Primary and Community Care Settings

When to use this pathway:	Priorities of clinical assessment	Risk Factors
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 table below Oxygen saturation 92%-94% in air Signs of Mild Respiratory Distress Nasal flaring, mild chest recession 	<ul style="list-style-type: none"> Tachypnoea - see table below 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 table below 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	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 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 Non-weight bearing or not using an extremity
	GREEN ACTION	AMBER ACTION	RED ACTION
	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.	Agree safe management plan with parent/carer Consider discussion with a Paediatrician	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

Normal Vital Sign Values

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Age	Heart Rate	Respiratory Rate	Blood Pressure (systolic)
1 month	110-180	30-50	70-104
1 year	80-160	20-30	72-110
10 years	70-110	16-20	90-121
12 years	60-110	16-20	90-126
14 years	60-100	16-20	92-130
2 years	80-140	20-28	74-110
3 months	110-180	30-45	70-104
4 years	80-120	20-26	78-112
6 months	110-180	25-35	72-110
6 years	75-115	18-24	82-115
8 years	70-110	18-22	86-118
Newborn	90-180	40-60	60-90

Source: [Team DFTB](#) . Normal vital sign values, Don't Forget the Bubbles, 2021. Available at: <https://doi.org/10.31440/DFTB.1225>

Children at increased risk of dehydration are those

- Aged < 6 month age group) •
- Have not taken or have not been able to tolerate fluids before presentation •
- Have vomited three times or more in the last 24 hours •
- Has had six or more episodes of diarrhoea in the past 24 hours •
- History of faltering growth

Management of Clinical Dehydration

- Trial of oral rehydration fluid (ORS) 2 mls/kg every 10 mins •
- Consider checking blood glucose, esp in < 6month age group
- Consider referral to acute paediatric community nursing team if available •
- If child fails to improve within 4 hours, refer to paediatrics •