

Priorities of Clinical Assessment	History	Examination	Red Flags
<p>Febrile Child under 5 years of age - assess and manage as per Fever in Children</p> <p>Consider differential diagnosis</p> <ul style="list-style-type: none"> • Bronchiolitis • Viral induced wheeze • Acute exacerbation of asthma • Croup • Inhaled foreign body • Pertussis • Pneumothorax • Metabolic acidosis e.g. DKA • Heart failure 	<ul style="list-style-type: none"> • Fever • Cough, chest pain • Increased work of breathing • Assess oral intake • High risk groups <ul style="list-style-type: none"> • < 3 months of age • Immunosuppressed • Prematurity • Pre-existing respiratory/cardiac condition 	<ul style="list-style-type: none"> • Vital signs vital signs chart • Fever, HR, RR, SATS • Respiratory distress • Hydration 	<ul style="list-style-type: none"> • Unwell/septic appearance • Severe increased work of breathing • Cyanosis or saturations <92% on pulse oximetry • No improvement/deterioration despite 48 hours of oral antibiotics <p>High risk groups:</p> <ul style="list-style-type: none"> • < 3 months of age • Immunosuppressed • Prematurity and currently on home oxygen • Pre-existing respiratory/cardiac conditions
Assessment of severity			
<p>Mild</p> <ul style="list-style-type: none"> • No persistent/recurrent fever over preceding 24-48 hours • No respiratory distress/tachypnoea 	<p>Moderate</p> <ul style="list-style-type: none"> • Persistent/recurrent fever over preceding 24-48 hours • Mild respiratory distress and/or tachypnoea 	<p>Severe</p> <ul style="list-style-type: none"> • Unwell/septic appearance • Significant tachypnoea • Significant tachycardia • Severe respiratory distress (in less than 12 months significant recession e.g. nasal flaring, grunting) • Apnoeas (less than 12 months) • Hypoxia (sustained O₂ sats 92% or less in room air) • Cyanosis • Signs of severe dehydration • Capillary Refill Time longer than 2 seconds • Concerns about empyema (no improvement or deterioration despite 48 hours of oral antibiotics) 	

Investigation	Management	Antibiotics	Send to hospital if:
<ul style="list-style-type: none"> • Routine CXR is not recommended • Consider lateral flow test for Covid 	<ul style="list-style-type: none"> • Maintain hydration • Mild: no antibiotics required, provide verbal and written safety net advice • Moderate: presumed diagnosis of community acquired pneumonia (see differentials above), treat with oral antibiotics and provide verbal and written safety netting advice <p>see vital signs chart</p>	<ul style="list-style-type: none"> • 5 day course • Amoxicillin (dose as per BNFC) is first line • For penicillin allergic use a macrolide (ie clarithromycin/azithromycin) • See UKPAS 	<ul style="list-style-type: none"> • Unwell/septic appearance • Severe increased work of breathing • Cyanosis or saturations <92% on pulse oximetry • Poor air entry on auscultation • No improvement/deterioration despite 48 hours of oral antibiotics • High risk groups (see above)