

Clinical Assessment Tool for the Febrile Child 0-5 Years

Management by a non-paediatric practitioner

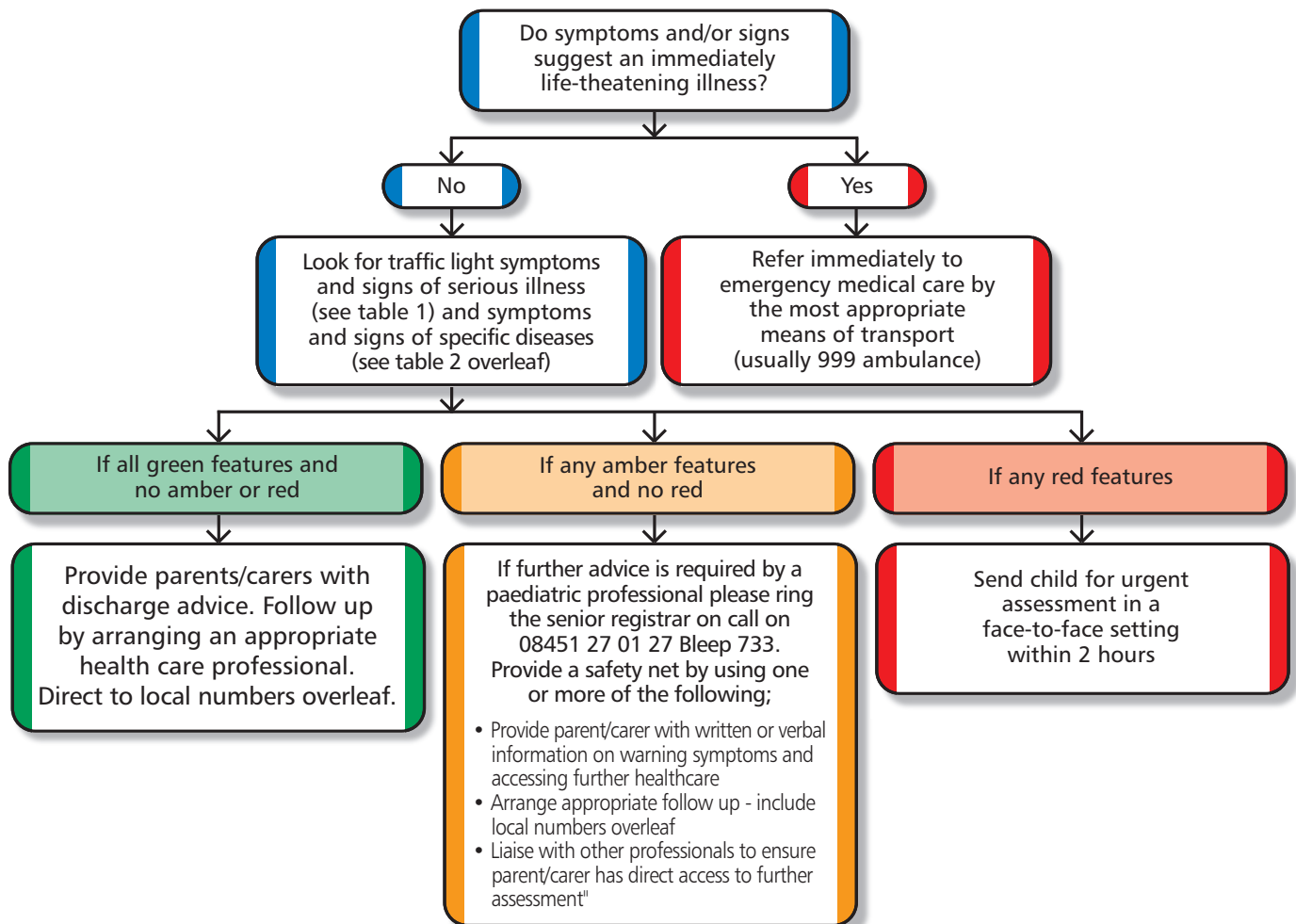


Table 1 Traffic light system for identifying likelihood of serious illness

	Green – low risk	Amber – intermediate risk	Red – high risk
Colour	• Normal colour of skin, lips and tongue	• Pallor reported by parent/carer	• Pale/mottled/ashen/blue
Activity	• Responds normally to social cues • Content/smiles • Stays awake or awakens quickly • Strong normal cry/not crying	• Not responding normally to social cues • Wakes only with prolonged stimulation • Decreased activity • No smile	• No response to social cues • Appears ill to a healthcare professional • Unable to rouse or if roused does not stay awake • Weak, high-pitched or continuous cry
Respiratory		• Nasal flaring • Tachypnoea: – RR > 50 breaths/minute age 6–12 months – RR > 40 breaths/minute age > 12 months • Oxygen saturation ≤ 95% in air • Crackles	• Grunting • Tachypnoea: – RR > 60 breaths/minute • Moderate or severe chest indrawing
Hydration	• Normal skin and eyes • Moist mucous membranes	• Dry mucous membrane • Poor feeding in infants • CRT ≥ 3 seconds • Reduced urine output	• Reduced skin turgor
Other	• None of the amber or red symptoms or signs	• Fever for ≥ 5 days • Swelling of a limb or joint • Non-weight bearing/not using an extremity • A new lump > 2 cm	• Age 0–3 months, temperature ≥ 38°C • Age 3–6 months, temperature ≥ 39°C • Non-blanching rash • Bulging fontanelle • Neck stiffness • Status epilepticus • Focal neurological signs • Focal seizures • Bile-stained vomiting

CRT: capillary refill time RR: respiratory rate

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A healthcare professional who has not had specific training and does not have recognised expertise in the management of children and their illnesses. This mainly applies to healthcare professionals working in primary care, but it may also apply to those in general emergency departments.

Table 2 Symptoms and signs of specific diseases

Diagnosis to be considered	Symptoms and signs in conjunction with fever
Meningococcal disease	Non-blanching rash, particularly with one or more of the following: <ul style="list-style-type: none"> • an ill-looking child • lesions larger than 2 mm in diameter (purpura) • CRT \geq 3 seconds • neck stiffness
Meningitis ¹	<ul style="list-style-type: none"> • Neck stiffness • Bulging fontanelle • Decreased level of consciousness • Convulsive status epilepticus
Herpes simplex encephalitis	<ul style="list-style-type: none"> • Focal neurological signs • Focal seizures • Decreased level of consciousness
Pneumonia	<ul style="list-style-type: none"> • Tachypnoea, measured as: <ul style="list-style-type: none"> – 0–5 months – RR > 60 breaths/minute – 6–12 months – RR > 50 breaths/minute – > 12 months – RR > 40 breaths/minute • Crackles in the chest • Nasal flaring • Chest indrawing • Cyanosis • Oxygen saturation \leq 95%
Urinary tract infection (in children aged older than 3 months) ²	<ul style="list-style-type: none"> • Vomiting • Abdominal pain or tenderness • Lethargy • Urinary frequency or dysuria • Irritability • Offensive urine or haematuria
Septic arthritis/osteomyelitis	<ul style="list-style-type: none"> • Swelling of a limb or joint • Non-weight bearing • Not using an extremity
Kawasaki disease ³	Fever lasting longer than 5 days and at least four of the following: <ul style="list-style-type: none"> • bilateral conjunctival injection • change in upper respiratory tract mucous membranes (for example, injected pharynx, dry cracked lips or strawberry tongue) • change in the peripheral extremities (for example, oedema, erythema or desquamation) • polymorphous rash • cervical lymphadenopathy
CRT: capillary refill time RR: respiratory rate	
<p>1 Classical signs (neck stiffness, bulging fontanelle, high-pitched cry) are often absent in infants with bacterial meningitis.</p> <p>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, publication expected August 2007).</p> <p>3 Note: in rare cases, incomplete/atypical Kawasaki disease may be diagnosed with fewer features.</p>	

This guidance is written in the following context

This assessment tool is based on NICE guidance, which was arrived at after careful consideration of the evidence available. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Some Useful Telephone Numbers

- GP/Practice Nurse** (*Parent to complete*)
- Health Visitor** – (*If you do not know this number you may be able to locate your health visitor at one of the health centres below*)
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|--|---|
| Liverpool Road Health Centre01582 70 81 51 | Wheatfield Road Surgery01582 66 07 38 |
| Marsh Farm Health Centre01582 70 74 44 | Wigmore Lane Health Centre01582 70 73 33 |
| Queensborough House01582 70 76 60 | |
- Community Nurse**(*If applicable - Regents Court 01582 70 81 39*)
- Walk in Centre**01582 55 64 00
- Opening Times (as at July 2009) Mon-Fri – 8am to 7-30pm / Sat – 8am to 3-30pm / Sunday – Closed / Bank Holidays – 8am to 7-30pm*
- NHS Direct**.....0845 46 47 *Open 24hrs – 7 days* www.nhsdirect.nhs.uk