

# Use Traffic light system for identifying risk of serious illness

	Green - low risk	Amber - intermediate risk	Red - high risk
Colour	<ul style="list-style-type: none"> <li>● Normal Colour of skin, lips and tongue</li> </ul>	<ul style="list-style-type: none"> <li>● Pallor reported by parent/carer</li> </ul>	<ul style="list-style-type: none"> <li>● Pale/mottled/ashen/blue</li> </ul>
Activity	<ul style="list-style-type: none"> <li>● Responds normally to social cues</li> <li>● Content/smiles</li> <li>● Stays awake or awakens quickly</li> <li>● Strong normal cry/not crying</li> </ul>	<ul style="list-style-type: none"> <li>● Not responding normally to social cues</li> <li>● Wakes only with prolonged stimulation</li> <li>● Decreased activity</li> <li>● No smile</li> </ul>	<ul style="list-style-type: none"> <li>● No response to social cues</li> <li>● Appears ill to a healthcare professional</li> <li>● Unable to rouse or if roused does not stay awake</li> <li>● Weak, high-pitched or continuous cry</li> </ul>
Respiratory		<ul style="list-style-type: none"> <li>● Nasal flaring</li> <li>● Tachypnoea: <ul style="list-style-type: none"> <li>- PR &gt; 50 breaths/minute age 6 - 12 months</li> <li>- PR &gt; 10 breaths/minute age &gt; 12 months</li> </ul> </li> <li>● Oxygen saturation &lt; 95% in air</li> <li>● Crackles</li> </ul>	<ul style="list-style-type: none"> <li>● Grunting</li> <li>● Tachypnoea: <ul style="list-style-type: none"> <li>- PR &gt; 60 breaths/minutes</li> </ul> </li> <li>● Moderate or severe chest indrawing</li> </ul>
Hydration	<ul style="list-style-type: none"> <li>● Normal skin and eyes</li> <li>● Moist mucous membranes</li> </ul>	<ul style="list-style-type: none"> <li>● Dry mucous membrane</li> <li>● Poor feeding in infants</li> <li>● CRT &gt; 3 seconds</li> <li>● Reduced urine output</li> </ul>	<ul style="list-style-type: none"> <li>● Reduced skin turgor</li> </ul>
Other	<ul style="list-style-type: none"> <li>● None of the amber or red symptoms or signs</li> </ul>	<ul style="list-style-type: none"> <li>● Fever for &gt; 5 days</li> <li>● Swelling of a limb or joint</li> <li>● Non-weight bearing/not using an extremity</li> <li>● A new lump &gt; 2 cm</li> </ul>	<ul style="list-style-type: none"> <li>● Age 0-3 months, temperature <math>\geq 38^{\circ}\text{C}</math></li> <li>● Age 3-6 months, temperature <math>\geq 39^{\circ}\text{C}</math></li> <li>● Non-blanching rash</li> <li>● Bulging fontanelle</li> <li>● Neck stiffness</li> <li>● Status epilepticus</li> <li>● Focal neurological signs</li> <li>● Focal seizures</li> <li>● Bile-stained vomiting</li> </ul>

CRT: capillary refill time

PR: respiratory rate

# Symptoms and signs of specific illnesses

Always check urine in unexplained fever

If meningococcal disease is suspected then administer parenteral antibiotics and refer urgently to hospital

Check blood glucose if possible

Diagnosis to be considered	Symptoms and signs in conjunction with fever
Meningococcal disease	<p>Non-blanching rash, particularly with one or more of the following:</p> <ul style="list-style-type: none"> <li>● an ill-looking child</li> <li>● lesions larger than 2 mm in diameter (purpura)</li> <li>● CRT <math>\geq</math> 3 seconds</li> <li>● neck stiffness</li> </ul>
Meningitis <sup>1</sup>	<ul style="list-style-type: none"> <li>● Neck stiffness</li> <li>● Bulging fontanelle</li> <li>● Decreased level of consciousness</li> <li>● Convulsive status epilepticus</li> </ul>
Herpes simplex encephalitis	<ul style="list-style-type: none"> <li>● Focal neurological signs</li> <li>● Focal seizures</li> <li>● Decreased level of consciousness</li> </ul>
Pneumonia	<ul style="list-style-type: none"> <li>● Tachypnoea, measured as: <ul style="list-style-type: none"> <li>- 0-5 months - PR &gt; 60 breaths/minute</li> <li>- 6-12 months - PR &gt; 50 breaths/minute</li> <li>- &gt; 12 months - PR &gt; 40 breaths/minute</li> </ul> </li> <li>● Crackles in the chest</li> <li>● Nasal flaring</li> <li>● Chest indrawing</li> <li>● Cyanosis</li> <li>● Oxygen saturation <math>\leq</math> 95%</li> </ul>
Urinary tract infection (in children aged older than 3 months) <sup>2</sup>	<ul style="list-style-type: none"> <li>● Vomiting</li> <li>● Poor feeding</li> <li>● Lethargy</li> <li>● Irritability</li> <li>● Abdominal pain or tenderness</li> <li>● Urinary frequency or dysuria</li> <li>● Offensive urine or haematuria</li> </ul>
Septic arthritis/osteomyelitis	<ul style="list-style-type: none"> <li>● Swelling of a limb or joint</li> <li>● Not using an extremity</li> <li>● Non-weight bearing</li> </ul>
Kawasaki disease <sup>3</sup>	<p>Fever lasting longer than 5 days and at least four of the following:</p> <ul style="list-style-type: none"> <li>● bilateral conjunctive injection</li> <li>● change in upper respiratory tract mucous membranes (for example, injected pharynx, dry cracked lips or strawberry tongue)</li> <li>● change in the peripheral extremities (for example, oedema, erythema or desquamation)</li> <li>● polymorphous rash</li> <li>● cervical lymphadenopathy</li> </ul>

CRT: capillary refill time

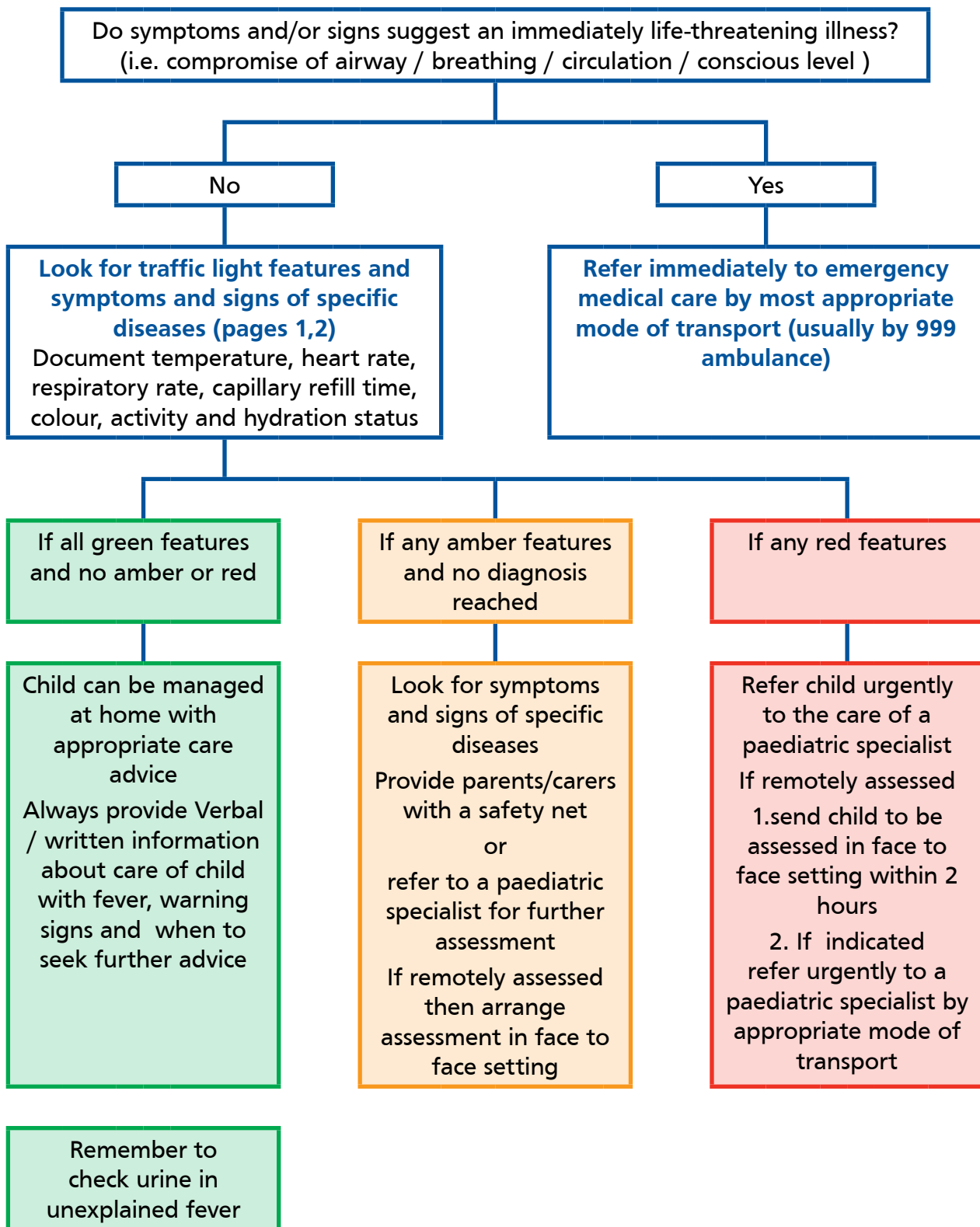
PR: respiratory rate

<sup>1</sup> Classical signs (neck stiffness, bulging fontanelle, high-pitched cry) are often absent in infants with bacterial meningitis.

<sup>2</sup> 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).

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

# Assessment of a child with fever by a non-paediatric practitioner / remote assessment



## Provide Safety net with

1. Verbal/written information about warning symptoms and how to access health care
2. Arrange follow-up
3. Liaise with other professionals and arrange direct access for patient if needed

Administer parenteral antibiotics if meningococcal disease suspected and refer urgently to hospital

# ASSESSMENT OF UNWELL CHILD

## document the following

### 1. Check for any life threatening features;

Compromise of	Airway	<input type="checkbox"/>
	Breathing	<input type="checkbox"/>
	Circulation	<input type="checkbox"/>
	or Decreased consciousness	<input type="checkbox"/>

Seek Medical input urgently – Resuscitate – Transfer

### 2. Record

Temperature  
 Capillary refill time  
 Respiratory rate  
 (age variations for respiratory and heart rate – check WETFAG chart)  
 check blood glucose if possible

### 3. Any Signs of dehydration ?

prolonged capillary refill time    Abnormal skin turgor  
 Abnormal respiratory pattern    Weak pulse                                  Cool extremities

### 4. Check for symptoms and signs using traffic light system to predict the risk of serious illness

MIU Handbook / OoH's Intranet

### 5. Any AMBER / RED signs or symptoms    SEEK ADVICE / ASSISTANCE

	GREEN	AMBER	RED
COLOUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACTIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYDRATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick box

Use Common assessment tool based on NICE guidelines and follow the pathway  
 MIU Handbook / OoH's Intranet)

### 6. Look for a source of fever and check for symptoms and signs of specific diseases

### 7. Action taken:

Name of patient:	Date of birth:	NHS number:
Name of healthcare professional:		Date:
Signature:		Time:

# Management of children under 5 years with fever by a Paediatric specialist

