

Fever Pathway and Assessment in Primary Care and Community Settings for Children 0-5 years

Patient Presents

Do the symptoms and/or signs suggest an **immediately life threatening illness**?

Yes

999 Transfer

Refer immediately to emergency care by 999 ambulance

Is the child older or younger than **3 months of age**?

Younger

	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	• Reduced response 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	• Oxygen saturation $\geq 96\%$ in air • None of the amber or red symptoms or signs	• Nasal flaring • Tachypnoea: - RR > 50 breaths/min age 6-12 months - RR > 40 breaths/min age > 12 months • Oxygen saturation $\leq 95\%$ in air • Crackles	• Grunting • Tachypnoea: - RR > 60 breaths/min • Moderate or severe chest indrawing
Hydration	• Normal skin and eyes	• Dry mucus membrane • CRT ≥ 3 seconds • Poor feeding in infants • 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 3-6 months, temp $\geq 39^\circ\text{C}$ • Bulging fontanelle • Status epilepticus • Focal seizures • Sustained Tachycardia • Non-blanching rash • Neck stiffness • Focal neurological signs • Bile-stained vomiting

All green, no amber or red

Perform

- Clean catch urinary culture
- Assess for symptoms and signs of pneumonia.
- Do not perform routine blood tests or chest X-ray.**

Provide discharge advice

- Provide appropriate and clear guidance to the parent/carer and refer them to the discharge advice sheet.
- Confirm they are comfortable with the decisions and advice given, then discharge.

Any amber

Consider calling the 'Amber' Line

Consider seeking 'Amberline' telephone advice from designated paediatrician as per local practice (Local Trust Numbers overleaf)

Manage

Management Plan

- Provide the parent/carer with a safety net: use the advice sheet and advise on signs and symptoms and changes and signpost as to where to go should things change
- Arrange any required follow up or review
- Send any relevant document to the provider of follow up or review

Any red

Urgent Assessment

Refer the child for an urgent assessment. This must be in a face-to-face setting within 2 hours with a paediatric clinician.
Send through any relevant documentation to the receiving department.

+ Local Hospital

999



What is a fever?

For the purposes of this guideline and according to NICE (ref: CG47), fever was thus defined as 'an elevation of body temperature above the normal daily variation'. Scientific studies relating to fever used inclusion criteria typically defined a fixed body temperature such as $\geq 38^{\circ}\text{C}$ or higher.

Glossary of Terms and Abbreviations

B/P	Blood Pressure	ED	Emergency Department
CRT	Capillary Refill Time	CPD	Continuous Professional Development
GCS	Glasgow Coma Score	HR	Heart Rate
PEWS	Paediatric Early Warning Score	RR	Respiratory Rate

Where can I learn more about paediatric assessment?

Whilst all trusts and healthcare providers organise in-house training and have links to Universities, we also recommend signing up to the online and interactive learning tool Spotting the Sick Child.



Commissioned by the Department of Health to support health professionals in the assessment of the acutely sick child, Spotting the Sick Child guides you through learning resources focussed on developing your assessment skills. It is also CPD certified.

www.spottingthesickchild.com

'Amber' line contact numbers

Western Sussex Hospitals NHS Trust

St Richards 01243 788122
Worthing 01903 205111

Surrey and Sussex Healthcare NHS Trust

East Surrey Redhill 01737 768511

Brighton and Sussex University Hospitals NHS Trust

Royal Alexandra 01273 696955

Here's a big thank you to all those who supported this work

- | | | | |
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Dear Colleague,

The West Sussex Children & Young Peoples Urgent Care Network would like to introduce you to the High Volume Pathway Assessment Tool for **Fever in Primary Care and community Settings for Children aged 0-5 years.**

Established in 2010, the Network, supported by the NHS Institute for Innovation and Improvement has worked across organisations in and around West Sussex developing assessment tools for use in primary care and community settings as well within acute hospitals.

The work builds on a movement of rapid improvement programmes which have taken place across the NHS in England facilitated by the NHS Institute for Innovation and Improvement focussed on the most common illnesses and injuries. It is based on the concept that by focussing on a limited range of high volume pathways, the NHS can make the maximum impact on improving the quality and value of care for patients.

The local clinical group who played such an important role in creating these tools included clinical representatives from acute, community and primary care, all working towards three main objectives:

- To **promote evidence-based assessment and management** of unwell children & young people for the most common conditions when accessing local NHS services in an emergency or urgent scenario
- To **build consistency across West Sussex**, so all healthcare professionals understand the pathway and can assess, manage and support children, young people and their families during the episode to the same high standards regardless of where they present
- To support local healthcare professionals to **share learning and expertise across organisations** in order to drive continuous development of high quality urgent care pathways for children & young people.

These assessment tools are developed using both national guidance such as NICE and SIGN publications, along-side local policies and protocols, and have been subject to clinical scrutiny and an initial pilot. Whilst it is hoped that all healthcare professionals who work with children & young people along this pathway will acknowledge and embed the use of this guidance, it must be stressed that the guidance does not override the individual responsibility of the healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with them.

The tools will be subject to review and evaluation and all healthcare professionals are welcome to feedback on their experience of using the tools by contacting a colleague listed on the back page.

We hope these tools support you and your colleagues to provide ever improving high quality care for children & young people on the urgent and emergency care pathway.

Yours Sincerely

The Network

