

Clinical Assessment Tool

Child with fever

Child presenting with fever – assess for signs of severity

Do symptoms and/or signs suggest an immediately life-threatening illness?
(i.e. compromise of airway / breathing / circulation / conscious level)

NO

YES

Look for traffic light features and symptom and signs of specific diseases (pages 11, 12) Document temperature, heart rate, respiratory rate, capillary refill time, colour, activity and hydration status

Refer immediately to emergency medical care by most appropriate mode of transport (usually by 999 ambulance)

**SUSPECTED MENINGITIS
dial 999
and administer parenteral antibiotics**

If all green features and no amber or red

If any amber features and no diagnosis reached

If any red features

Child can be managed at home with appropriate care advice
Always provide verbal / written information about care of child with fever, warning signs and when to seek further advice

Look for symptoms and signs of specific diseases
Provide parents/carers with a safety net, consider review appointment at appropriate interval or
Contact Care Coordination Centre 0333 222 6648 to facilitate call to Paediatrician for advice or further assessment
If remotely assessed then arrange assessment in face to face setting

Refer child urgently to the care of a paediatric specialist via Care Coordination Centre 0333 222 6648
If remotely assessed
1. Send child to be assessed in face to face setting.
2. If indicated refer urgently to a paediatric specialist by appropriate mode of transport

Remember to check urine in unexplained fever

When you feel a GP review in a specific time period is clinically appropriate but that falls outside of the 'in hours' GP service please advise your patient/family to call NHS 111 (at an agreed time interval / level of deterioration – depending on your concerns) and advise that there is a 'predetermined plan to speak with an Out of Hours GP'. Please provide your patient / family with a letter detailing your clinical findings and concerns to help the Out of Hours GP assessment.

This guidance is written in the following context
This assessment tool was arrived at after careful consideration of the evidence available including but not exclusively use BTS Guidelines and NHS evidence. 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.

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"> ⌘ Normal Colour of skin, lips and tongue 	<ul style="list-style-type: none"> ⌘ Pallor reported by parent/carer 	<ul style="list-style-type: none"> ⌘ Pale/mottled/ashen/blue
Activity	<ul style="list-style-type: none"> ⌘ Responds normally to social cues ⌘ Content/smiles ⌘ Stays awake or awakens quickly ⌘ Strong normal cry/not crying 	<ul style="list-style-type: none"> ⌘ Not responding normally to social cues ⌘ Wakes only with prolonged stimulation ⌘ Decreased activity ⌘ No smile 	<ul style="list-style-type: none"> ⌘ 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		<ul style="list-style-type: none"> ⌘ Nasal flaring ⌘ Tachypnoea: - RR > 50 breaths/minute age 6 - 12 months - RR > 40 breaths/minute age > 12 months ⌘ Oxygen saturation < 95% in air ⌘ Crackles in the chest 	<ul style="list-style-type: none"> ⌘ Grunting ⌘ Tachypnoea: - RR > 60 breaths/minute
Circulation and Hydration	<ul style="list-style-type: none"> ⌘ Normal skin and eyes ⌘ Moist mucous membranes 	<ul style="list-style-type: none"> ⌘ Dry mucous membrane ⌘ Poor feeding in infants ⌘ CRT > 3 seconds ⌘ Tachycardia >160 beats/minute age < 1year ⌘ >150 beats/minute age 1 - 2 years ⌘ >140 beats/minute age 2 - 5 years ⌘ Reduced urine output 	<ul style="list-style-type: none"> ⌘ Reduced skin turgor
Other	<ul style="list-style-type: none"> ⌘ None of the amber or red symptoms or signs 	<ul style="list-style-type: none"> ⌘ 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, temperature > 39°C ⌘ Rigors 	<ul style="list-style-type: none"> ⌘ Age 0-3 months, temperature > 38°C ⌘ Non-blanching rash ⌘ Bulging fontanelle ⌘ Neck stiffness ⌘ Status epilepticus ⌘ Focal neurological signs ⌘ Focal seizures

CRT: capillary refill time

RR: 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

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 > 3 seconds ⌘ Neck stiffness
Meningitis ¹	Neck stiffness <ul style="list-style-type: none"> ⌘ Bulging fontanelle ⌘ Decreased level of consciousness ⌘ Convulsive status epilepticus
Herpes simplex encephalitis	Focal neurological signs <ul style="list-style-type: none"> ⌘ 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 < 95%
Urinary tract infection (in children aged older than 3 months) ²	<ul style="list-style-type: none"> ⌘ Vomiting ⌘ Poor feeding ⌘ Lethargy ⌘ Irritability ⌘ Abdominal pain or tenderness ⌘ Urinary frequency or dysuria ⌘ Offensive urine or haematuria
Septic arthritis/osteomyelitis	<ul style="list-style-type: none"> ⌘ Swelling of a limb or joint ⌘ Not using an extremity ⌘ Non-weight bearing
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	
¹ Classical signs (neck stiffness, bulging fontanelle, high-pitched cry) are often absent in infants with bacterial meningitis.	
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 August 2007).	
³ Note: in rare cases, incomplete/atypical Kawasaki disease may be diagnosed with fewer features.	

