

Clinical Assessment Tool for the Febrile Child 0-5 Years



Management by a paediatric practitioner

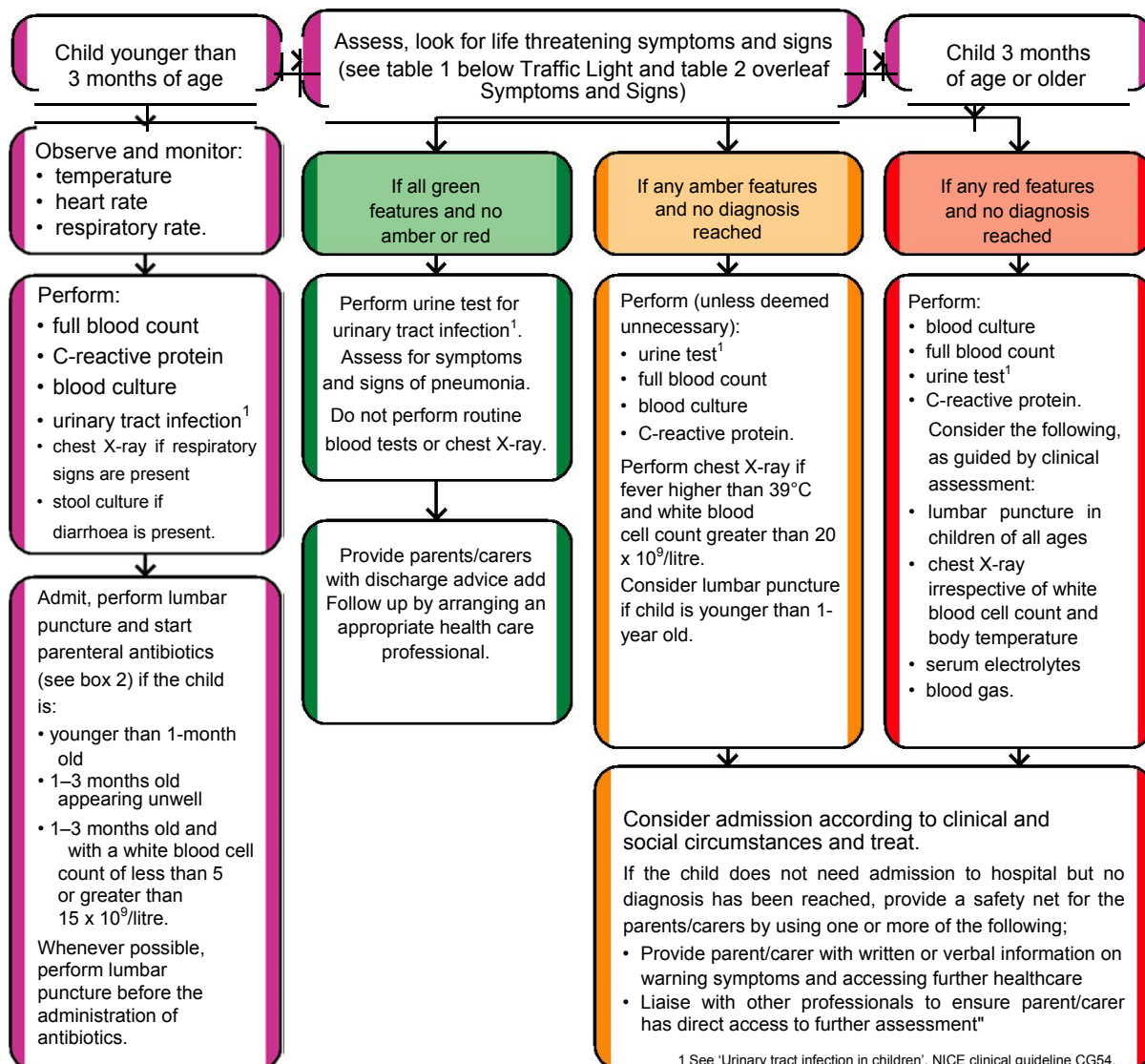


Table 1 Traffic light system for identifying likelihood of serious illness

	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	<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: <ul style="list-style-type: none"> RR > 50 breaths/minute age 6–12 months RR > 40 breaths/minute age >12 months Oxygen saturation $\leq 95\%$ in air Crackles 	<ul style="list-style-type: none"> Grunting Tachypnoea: – RR > 60 breaths/minute Moderate or severe chest indrawing
Circulation and Hydration	<ul style="list-style-type: none"> Normal skin and eyes Moist mucous membranes 	<ul style="list-style-type: none"> Reduced urine output Tachycardia² Poor feeding in infants Dry mucous membranes CRT ≥ 3 seconds 	<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"> Age 3-6 months temperature $\geq 39^\circ\text{C}$ Fever for ≥ 5 days Swelling of a limb or joint Non-weight bearing/not using an extremity Rigors 	<ul style="list-style-type: none"> Age 0-3 months temperature $\geq 38^\circ\text{C}$ Non-blanching rash Bulging fontanelle Neck stiffness Status epilepticus Focal neurological signs Focal seizures

CRT: capillary refill time

RR: respiratory rate

²Tachycardia: HR >160 <12 months, HR>150 12-24 mths, HR>140 2-5 years

To be read in conjunction with Feverish illness in children. NICE clinical guideline CG160 www.nice.org.uk

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Paediatric specialist: a healthcare professional who has had specific training or has recognised expertise in the management of children and their illnesses. Examples include paediatricians and healthcare professionals working in children's 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 • 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 • 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 the peripheral extremities (for example, oedema, erythema or desquamation) • change in upper respiratory tract mucous membranes (for example, injected pharynx, dry cracked lips or strawberry tongue) • 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. 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). 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