

Clinical Assessment Tool for the Febrile Child (0-5 years)

Management by a non-paediatric practitioner / Primary Care

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

Yes

Urgent Action

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

NO

Children with a fever of greater than 38°C with no clear focus should have a urine sample tested for infection within 24 hours.

Measure	Assess for
<ul style="list-style-type: none"> • Temperature • Respiratory rate • Heart rate • Capillary refill 	<ul style="list-style-type: none"> • Traffic light symptoms and signs of serious illness (see Table 1)
	<ul style="list-style-type: none"> • Symptoms and signs of specific diseases (See Table 2 overleaf)

Table 1

	Green Low Risk	Amber Intermediate risk	Red high risk
Colour	<ul style="list-style-type: none"> • Normal colour skin, lips & 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"> • Normal respiratory rate • No signs of respiratory distress (nasal flaring, grunting, tracheal tug, intercostal or subcostal recession) • O₂ >95% 	<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 	<ul style="list-style-type: none"> • Grunting • Tachypnoea—RR > 60 breaths / minute • Moderate or severe chest indrawing
Hydration	<ul style="list-style-type: none"> • Normal skin & eyes • Moist mucous membranes • CRT < 2 seconds 	<ul style="list-style-type: none"> • Dry mucous membrane • Poor feeding in infants • CRT ≥ 3 seconds • Reduced urine output 	<ul style="list-style-type: none"> • Reduced skin turgor
Other	<ul style="list-style-type: none"> • No amber or red 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 > 2cm 	<ul style="list-style-type: none"> • Age 0-3 months, heart rate ≥ 150 bpm • Age 3-12 months, heart rate ≥ 130 bpm • Age > 12 months, heart rate ≥ 120 bpm • 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

All Green NO Amber, NO Red ↓

Any Amber, NO Red ↓

Any Red ↓

Provide discharge Advice

Provide parents / carers with discharge advice. Follow up by arranging an appointment with an appropriate health care professional. Direct to local numbers overleaf.

Discuss with paediatrics team:

- Countess of Chester - 01244 365000, bleep Paediatric Registrar
- Macclesfield District Hospital - 01625 42100 bleep 3494
- Leighton Hospital—01270 255141, bleep Paediatric Registrar

Provide a safety net by using one or more of the following:

- Provide parent/carer with written or verbal information on warning symptoms and accessing further healthcare
- Arrange appropriate follow up - include local numbers overleaf
- Liaise with other professionals to ensure parent/ carer has direct access to further assessment .

Immediate Paediatric Assessment

Send child for urgent assessment in a face to face setting within 2 hours.

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 Legions larger than 2mm in diameter (Purpura) 	
Meningitis¹	<ul style="list-style-type: none"> Neck stiffness Decreased level of consciousness 	<ul style="list-style-type: none"> CRT \geq 3 seconds Neck stiffness Bulging fontanelle Compulsive status epilepticus
Herpes simplex encephalitis	<ul style="list-style-type: none"> Focal neurological signs Decreased level of consciousness 	<ul style="list-style-type: none"> Focal seizures
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 	<ul style="list-style-type: none"> 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 Abdominal pain or tenderness Swelling of a limb or joint Lethargy Not using an extremity 	<ul style="list-style-type: none"> Urinary frequency or dysuria Non-weight bearing Irritability Offensive urine or haematuria
Septic arthritis / osteomyelitis	<ul style="list-style-type: none"> Swelling of a limb or joint Non-weight bearing 	<ul style="list-style-type: none"> Not using an extremity
Kawasaki disease³	Fever lasting longer than 5 days and at least 4 of the following: <ul style="list-style-type: none"> Bilateral conjunctival injection Change in the peripheral extremities (for example oedema, erythema, or desquamation) Polymorphous rash Change in upper respiratory tract mucous membranes (for example injected pharynx, dry cracked lips or strawberry tongue). Cervical lymphadenopathy. 	

CRT: Capillary refill time RR: Respiratory rate

- Classic signs (neck stiffness, bulging fontanelle, high pitched cry) are often absent in infants with bacterial meningitis.
- Urinary tract infections should be considered in any child younger than 3 months with a fever. See Urinary Tract infection in children. NICE Clinical Guideline: CG54 2007 and NICE Quality Standard 36, 2013).
- Note: In rare cases, incomplete / atypical Kawasaki disease may be diagnosed with fewer features.

Some useful numbers

GP Practice Phone Number:

NHS 111:

Free from landlines and mobiles 24/7—365 days a year

Paediatric Teams:

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- Macclesfield District Hospital - 01625 42100 bleep 3494
- Leighton Hospital—01270 255141, bleep Paediatric Registrar