

Management - Paramedic

Clinical findings	Green – low risk	Amber – intermediate risk	Red – high risk
Age	1+	Under 1	
Activity	Content/smiles Stays awake / awakens quickly Strong normal cry / not crying	No smile Decreased activity / lethargic Irritable	No response Unable to rouse or if roused does not stay awake Weak, high pitched or continuous cry
Respiratory		Tachypnoea: RR 50-60 (<1 year), 40-50 (1-5 years), 25-30 (6-11 years), 20-25 (12+ years)	Swollen lips or tongue Severe tachycardia: HR>180 beats/min <1 year, HR>170 1-2 years, >160 3-5 years, >140 6-11 years,, >120 >12 years
Circulation	Normal skin colour Warm extremities	Pale Tachycardia: HR>160 beats/min <1year, HR>150 1-2 years, >140 3-5 years, >120 6-11 years, >100 >12 years	Blue, grey or mottled Cold hands and feet in absence of fever Severe tachycardia: HR>180 beats/min <1 year, HR>170 1-2 years, >160 3-5 years, >140 6-11 years,, >120 >12 years
Rash	No amber features	Is painful Is blistering Covers most of their body Has red lips or tongue Has skin peeling	Non blanching rash ((unless clear Hx of trauma or limited to superior vena cava distribution following vomiting or coughing))
Other	No amber features	Additional parent/carer concerns Has had chicken pox in the last few days and is getting worse Fever >5 days	Age 0-3 months with temp ≥38°
	Green Action	Amber Action	Red Action
	<p><u>Provide Rash safety netting advice via text share or by printing onsite</u></p> <p>Confirm they are comfortable with the decisions / advice given</p> <p>Always consider safeguarding issues.</p>	<p>Discuss the case with patient's GP practice (in hours) and/or</p> <p>Discuss the case with SCAS clinical Coordination Centre Clinician</p>	<ul style="list-style-type: none"> Transfer immediately to local Emergency Department If has urticarial rash or swollen face/lips - consider IM adrenaline as per JR Calc Emergency transfer and Pre alert as necessary If patient is in distress/discomfort - consider paracetamol +/- ibuprofen as per JR Calc