# Fever

Clinical assessment / management tool for children

Discuss the case with patient’s GP practice and/or SCAS clinical Coordination Centre Clinician.

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. 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 carer.

### Management - Paramedic

<table>
<thead>
<tr>
<th>Clinical findings</th>
<th>Green – low risk</th>
<th>Amber – intermediate risk</th>
<th>Red – high risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>1+</td>
<td>Under 1</td>
<td>Blue, grey or mottled</td>
</tr>
<tr>
<td><strong>Colour</strong></td>
<td>Normal</td>
<td>Pale</td>
<td>Unable to rouse or if roused does not stay awake</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td>Responds normally to social cues</td>
<td>Reduced response to social cues</td>
<td>Weak, high pitched or continuous cry</td>
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<tr>
<td></td>
<td>Stays awake or wakens quickly</td>
<td>Wakes only after prolonged stimulation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Content/smiles</td>
<td>No smile</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strong normal cry / not crying</td>
<td>Infant (under 1 year) not feeding</td>
<td></td>
</tr>
<tr>
<td><strong>Respiratory</strong></td>
<td>Normal respiratory rate: RR&lt;50 (&lt;1 year), &lt;40 (1-5 years), &lt;25 (6-11 years), &lt;20 (12+)</td>
<td>Tachypnoea: RR 50-60 (&lt;1 year), 40-50 (1-5 years), 25-30 (6-11 years), 20-25 (12 + years)</td>
<td>Severe tachypnoea: RR &gt; 60 breaths/min (&lt;1 year), &gt;50 (1-5 years), &gt;30 (6-11 years), &gt;25 (12+ years)</td>
</tr>
<tr>
<td></td>
<td>Sats 93-95% in air</td>
<td>Nasal flaring</td>
<td>Sats &lt;92% in air</td>
</tr>
<tr>
<td></td>
<td>Mild/moderate chest recession</td>
<td></td>
<td>Grunting</td>
</tr>
<tr>
<td><strong>Circulation/hydration</strong></td>
<td>Cap Refill Time &lt;2 secs</td>
<td>Cap Refill Time 2-3 secs</td>
<td>Cap Refill Time &gt;3 secs</td>
</tr>
<tr>
<td><strong>Respiratory</strong></td>
<td>Tachycardia: HR&gt;160 beats/min &lt;1year, HR&gt;150 1-2 years, &gt;140 3-5 years, &gt;120 6-11 years, &gt;100 &gt;12 years</td>
<td></td>
<td>Severe tachycardia: HR&gt;180 beats/min &lt;1 year, HR&gt;170 1-2 years, &gt;160 3-5 years, &gt;140 6-11 years, &gt;120 &gt;12 years</td>
</tr>
<tr>
<td><strong>Circulation/hydration</strong></td>
<td>Normal heart rate</td>
<td>Reduced urine output / not PU 12 hours</td>
<td>Not PU 24 hours</td>
</tr>
<tr>
<td><strong>Respiratory</strong></td>
<td>Normal urine output</td>
<td>Not tolerating feeds</td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>None of amber or red symptoms</td>
<td>Fever for ≥ 5 days</td>
<td>Age 0-3 months with temp ≥38°</td>
</tr>
<tr>
<td></td>
<td>Swelling of limb or joint</td>
<td>Swelling of limb or joint</td>
<td>Seizure</td>
</tr>
<tr>
<td></td>
<td>Non-weight bearing / not using an extremity</td>
<td>Non-weight bearing / not using an extremity</td>
<td>Non-blanching rash</td>
</tr>
<tr>
<td></td>
<td>Swollen eye</td>
<td>Swollen eye</td>
<td>Rigors</td>
</tr>
<tr>
<td></td>
<td>A new lump ≥ 2cm</td>
<td>A new lump ≥ 2cm</td>
<td>Neck stiffness</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Symptoms suggest UTI</td>
<td>Symptoms suggest cellulitis</td>
<td>Bile stained vomiting</td>
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<tr>
<td></td>
<td>Symptoms suggest scarlet fever</td>
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<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Age 3-6 months with temp ≥39° (102.2°F)</td>
<td>Additional parental/carer support required</td>
<td></td>
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<tr>
<td></td>
<td>Additional parental/carer support required</td>
<td>Lower threshold for primary care review if significant chronic comorbidities</td>
<td>Recent return from malaria endemic area in preceding 3 months</td>
</tr>
<tr>
<td><strong>Orange Action</strong></td>
<td>Provide Fever safety netting advice via text share or by printing onsite</td>
<td>Confirm they are comfortable with the decisions / advice given</td>
<td></td>
</tr>
<tr>
<td><strong>Red Action</strong></td>
<td>Discuss the case with patient’s GP practice (in hours) and/or</td>
<td>Discuss the case with SCAS clinical Coordination Centre Clinician</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency transfer and Pre alert as necessary</td>
<td>Always consider safeguarding issues.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If patient is in distress/discomfort - consider paracetamol +/- ibuprofen as per JR Calc</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This writing of this guideline involved extensive consultation with healthcare professionals in Wessex Review date: May 2025

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Clinical findings
- Green (low risk)
  - Green Action (Only in those 1+ years)
  - Provide Fever safety netting advice via text share or by printing onsite
  - Confirm they are comfortable with the decisions / advice given
  - Always consider safeguarding issues.

Amber (intermediate risk)
- Amber Action
  - Discuss the case with patient’s GP practice (in hours) and/or
  - Discuss the case with SCAS clinical Coordination Centre Clinician

Red (high risk)
- Red Action
  - Transfer immediately to local Emergency Department
  - Commence Oxygen support to maintain Sats >92%
  - If patient is in distress/discomfort - consider paracetamol +/- ibuprofen as per JR Calc

Clinical findings
- Age
- Colour
- Activity
- Respiratory
- Circulation/hydration
- Other

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 carer.