<table>
<thead>
<tr>
<th>Clinical findings</th>
<th>Green – low risk</th>
<th>Amber – intermediate risk</th>
<th>Red – high risk</th>
</tr>
</thead>
</table>
| Colour Activity   | • Normal colour of skin, lips and tongue  
• Responds normally to social cues  
• Content/smiles  
• Stays awake or wakens quickly  
• Strong normal cry/not crying | • Pallor  
• Reduced response to social cues  
• Wakes only after prolonged stimulation  
• Infant (under 1 year) not feeding  
• Very distressed | • Blue or grey colour  
• Unable to rouse or if roused does not stay awake  
• Clinical concerns about nature of cry (Weak, high pitched or continuous) |
| Respiratory       | • None of amber or red symptoms | • RR 50-60 breaths/min if aged <12 months  
• RR 40-50 breaths/min if age 1-5 years  
• RR 25-30 breaths/min if age 6-11 years  
• RR 20-25 breaths/min if age ≥12 years  
• Mild/moderate respiratory distress | • Grunting or severe respiratory distress  
• RR >80 breaths/min if aged <12 months  
• RR >50 breaths/min if age 1-5 years  
• RR >30 breaths/min if age 6-11 years  
• RR >25 breaths/min if age ≥12 years |
| Circulation / hydration | • None of amber or red symptoms | • Cold hands and feet in absence of fever  
• Reduced urine output  
• Not tolerating fluids | |
| Other             | • None of amber or red symptoms | • Pus discharging from ear  
• Pain waking child from sleep  
• Child under 2 years with bilat earache  
• Swelling or redness behind the ear  
• Dizziness or losing their balance  
• Age 3-6 months with temp ≥39°C (102.2°F) with no clear focus of infection  
• Fever for ≥5 days  
• Additional parental/carer support required  
• Lower threshold for face to face review if significant chronic co-morbidities | • Age 0-3 months with temp ≥38°C (100.4°F)  
• Meningism (severe headache, neck stiffness, photophobia, irritability)  
• Seizure |

**Green Action**
- Provide earache safety netting advice sheet
- Confirm they are comfortable with the decisions/advice given
- Always consider safeguarding issues

**Amber Action**
- Refer to primary care for review

**Red Action**
- Refer immediately to emergency care – consider whether 999 transfer or parent/taxi most appropriate based on clinical acuity etc.