

# Fever Pathway

Clinical Assessment / Management Tool for Children



## Management - Acute Setting

Patient presents with or has a history of fever (Temp >38°)

### Triage / ABC

**Assessment (PEWS Score)**  
Temp, HR, RR, CRT, B/P, O<sub>2</sub> Sats, GCS

**Nursing Assessment**  
History, Hydration, Antipyretics, Assess

**Review & Consider Appropriate Antipyretic**  
Paracetamol or Ibuprofen according to local protocol

Complete PEWS and Wessex sepsis screening tool for all patients

Do the symptoms and/or signs suggest an immediately life threatening (high risk) illness?

Yes

Contact [Lead ED / Paediatric Doctor](#)  
Move to Resuscitation Area  
Resus Call ("2222") for Paediatric Arrest

No

Is the child older or younger than 3 months of age?

Younger

Refer

Refer to paediatrics for assessment

Older

Table 1

Clinical Findings	Green - low risk	Amber - intermediate risk	Red - high risk
<b>Colour</b>	• Normal colour of skin, lips and tongue	• Pallor reported by parent/carer	• Pale/mottled/ashen/blue
<b>Activity</b>	• Responds normally to social cues • Content / smiles • Stays awake or awakens quickly • Strong normal cry / not crying	• Reduced response to social cues • Wakes only with prolonged stimulation • Decreased activity • No smile • Poor feeding in infants	• No response to social cues • Unable to rouse or if roused does not stay awake  • Weak, high pitched or continuous cry • Appears ill to a healthcare professional
<b>Respiratory</b>	• None of the amber or red symptoms or signs	• Nasal flaring • Tachypnoea: RR 40-50 if 1-5 years; RR 25-30 if 6-11 years; RR 20-25 if >=12 years • Oxygen saturation ≤ 95% in air • Crackles	• Grunting • Tachypnoea: RR >60 breaths/min if aged <12 months; RR >50 if 1-5 years; RR >30 if 6-11 years; RR >25 if >=12 years • Moderate or severe chest indrawing
<b>Circulation and Hydration</b>	• Normal skin and eyes	• Tachycardia: HR > 160 beats/min if age < 1 yr; HR > 150 beats/min if age 1 - 2 years; HR > 140 beats/min if age 3 - 5 years; HR > 120 beats/min if age >12 years • Dry mucous membranes • Reduced urine output • Central refill 2-3 seconds	• Reduced skin turgor • Capillary refill >3 seconds
<b>Other</b>	• None of the amber or red symptoms or signs	• Fever for ≥ 5 days • New fever >3 days after start of chicken pox or spreading erythema around lesions • Swelling of a limb or joint / non-weight bearing / not using an extremity • A new lump ≥ 2 cm • Age 3-6 months temp ≥39°C (102.2°F) with no clear focus of infection • Additional parental/carer support required? • Recent return from malaria endemic area in preceding 3 months	• Bulging fontanelle • Neck stiffness • Focal seizures • Sustained tachycardia • Non-blanching rash • Focal neurological signs • Bile-stained vomiting  • Age 0-3 months with axillary temp ≥ 38°C (100.4°F) - note children under 1 month of age at highest risk of sepsis/ meningitis. If 1-3 months of age with fever within 48 hours of Men B vaccine and clinically well, consider <a href="#">safety netting</a>

For all patients, continue monitoring following PEWS Chart recommendation

### Green Action

• Assess for focus of infection - If no focus in child under 5 years of age, consider clean catch urine specimen and evaluate for [Urinary Tract Infection](#).

### Provide discharge / send home advice

Provide the parent/carer with appropriate parent advice sheet (fever [under 5 years / 5 years and over](#)) and advise on signs, symptoms and changes - signpost the parent/carer where to go, should things change.

Discharge

### Amber Action

Follow local guidelines and /or eg. APLS or discuss with [Lead ED/Paediatrician](#) - Consider:

- blood culture
- urinary culture/microscopy
- stool sample
- full blood count
- C-reactive protein
- Nasal Pharyngeal Aspirant

Consider chest X-ray.  
Consider Lumbar Puncture if child is younger than 1 year old or has signs of meningitis (if no contraindications).

### Findings

Discuss & consider options with [Paediatric Consultant/Reg](#)

Review

### Urgent Action

**Immediate Senior Review**

- blood culture
- urinary culture/microscopy
- stool sample

- full blood count
- C-reactive protein

Consider the following, as guided by clinical assessment:

- chest X-ray
- blood gas
- serum electrolytes
- Lumbar Puncture

**Do not perform** Lumbar Puncture in a child with suspected Meningococcal Septicaemia.

**(Hospital Emergency Department Discuss with Paeds)**

GMC Best Practice recommends: Record your findings (See "Good Medical Practice" <http://bit.ly/1DPX12b>)

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**Table 2**

<b>Normal Paediatric Values:</b>			
(APLS <sup>†</sup> )	Respiratory Rate at rest: [b/min]	Heart Rate [bpm]	Systolic Blood Pressure [mmHg]
< 1 year	30 - 40	110 - 160	70 - 90
1-2 years	25 - 35	100 - 150	80 - 95
> 2-5 years	25 - 30	95 - 140	80 - 100
5-12 years	20 - 25	80 - 120	90 - 110
>12 years	15 - 20	60 - 100	100 - 120

<sup>†</sup> Advanced Paediatric Life Support The Practical Approach Fifth Edition Advanced Life Support Group Edited by Martin Samuels; Susan Wieteska Wiley-Blackwell / 2011 BMJ Books.

<b>Glossary of Terms</b>	
ABC	Airways, Breathing, Circulation
APLS	Advanced Paediatric Life Support
AVPU	Alert Voice Pain Unresponsive
B/P	Blood Pressure
CPD	Continuous Professional Development
CRT	Capillary Refill Time
ED	Hospital Emergency Department
GCS	Glasgow Coma Scale
HR	Heart Rate
MOI	Mechanism of Injury
PEWS	Paediatric Early Warning Score
RR	Respiratory Rate
WBC	White Blood Cell Count