

PAEDIATRICS

ASSESSING THE FEBRILE CHILD

Presentation of children to ED with fever is common and illness will range from minor viral illnesses to severe infections. NICE produced guidelines in 2007 on the management of children under 5 with a fever.

First assess the child in an ABCDE manner for life-threatening problems and resuscitate as appropriate. Once immediately life-threatening problems have been excluded NICE recommend using a **traffic light system** to risk stratify children. See the traffic light system on the reverse.



Children with any symptom or sign in the red column are considered **high risk**. These patients should be referred to paediatrics for inpatient management.

Children with no features in the red column but any feature of the amber column are **intermediate risk**. These patients can either be discharged with a safety net or admitted for observation and investigation. This decision depends on the child's clinical condition, the concerns of the parents and the reliability of the family to summon help appropriately.

If intermediate risk children are discharged there should be a clear plan in the case of deterioration including written advice. You should also instruct them to attend the GP for follow up in an appropriate time frame (usually in the next few days). **If you have any doubts discuss your options with a senior.**

Children with features in the green column and none in the amber or red columns are **low risk**. These children are usually suitable for outpatient management with advice to seek medical attention in the case of deterioration.

Throughout the assessment try and identify a possible source of infection and treat it if necessary eg. Oral antibiotics for a simple UTI or tonsillitis with a high Centor score. If the child is critically ill or you suspect meningitis commence IV antibiotics immediately after taking bloods and cultures. Otherwise do not commence antibiotics without knowing the source.