Care closer to home steering group 2016

Feverish illness and/or Seriously ill child 0-5y

Pathway and Assessment in Primary and Secondary Care – revised Apr 2016

		GREEN	AMBER 1	AMBER 2	RED
		Low risk	Low moderate	High moderate	High risk
Behaviou	r	□ Alert □ Responds normally to social cues □ Content/smiles □ Normal cry	□ Lethargic □ Some response to social cues □ Wingey – not irritable	□ Irritable □ Drowsy □ Poor response to social cues □ No smile	Appears ill to healthcare professional Unable to rouse Does not respond to social cues Weak, high pitched or distressed cry
Skin		 Normal colour skin, lips and tongue Normal turgor CRT <2 seconds 	□ Pale □ CRT 2-3 seconds	□ Pale □ CRT > 3 seconds □ Reduced turgor/sunken eyes	□ Reduced skin turgour □ Pale/mottled/ash en □ CRT >3 seconds
<pre></pre>	30-40 25-35 25-30 20-25	□ Normal breathing pattern □ Sats 95% or above	□ Oxygen saturations 94% in air □ Mild Tachypnoea (see normal values)	□ Nasal Flare □ Moderate Tachypnoea (see normal values) □ Oxygen saturation 93% or below in air	□ Grunting □ Severe Tachypnoea > 60 breaths/min □ Moderate or severe chest indrawing
Feeding and hydration		□ Normal skin and eyes □ Moist mucous membranes □ Normal Urine output □ Tolerating 75% of fluids	□ Tolerating 50- 75% fluid intake □ Mildly reduced urine output	□ Dry mucous membranes □ Tolerating < 50% of fluid intake □ Moderately reduced urine output	 < 50% usual fluid intake with Significantly reduced urine output Sunken fontanelle Bile stained vomit
Other		□ No amber or	□ 3-6 mo <39°C	□ 3-6 months 39°C or	□ 0-3 months 38°C
Age < 1y	HR 110-160	red symptoms or signs		above Fever for 5 days or more	or above Non blanching rash
1-2 y 2-5 y	100-150			□ Swelling of a limb or joint □ Non weight bearing/not using an extremity □ New lump or swelling >2 cm	 Bulging fontanelle Neck stiffness Status epilepticus Focal neurological signs Focal seizures
		Provide appropriate and clear advice to parents to manage temperature and maintain hydration. Safety netting to look out for signs of deterioration.	Prior to referral to CAU, consider Second review(in primary care) and Senior review (in A&E) Discuss with Paeds Registrar if required	Urgent referral to CAU Paediatric nurse (within 15 mins) Paediatric ST1-3/F2 (within 1 h) Middle grade (within 4 hours)	999 Ambulance transfer to A&E Urgent assessment by Senior A&E and Paediatric teams

Adapted from

- NHS National Institute for Clinical Excellence (2007) Feverish illness in children
 Arch Dis Child Educ Pract Ed 2013;98:232-235 doi:10.1136/archdischild-2013-304792
- 3. Normal values from EPLS manual April 2011

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Guidelines for use

This traffic light guidance is based on NICE guidance Feverish illness in children 0-5 years

This guidance is used across primary care, walk in centre and A&E with appropriate modification and should be used to communicate with colleagues across these settings

An overall impression should be made based on the criteria – use judgement when interpreting a single clinical sign e.g. capillary refill time

Guidance is to assist decision making and not replace common sense

Ask for senior help if you are concerned about a child

Please provide the family information regarding the condition at discharge

Maintenance fluid intake in children is as follows

< 10 kg 100 ml/kg

10-20 kg Add 50 ml /kg to 1000 mls

20-40 kg add 20 ml/kg to 1500 mls

Normal urine output

Infant 2ml/kg/h

Child 1 ml/kg/h

Normal physiological parameters by age

Age	Heart rate (bpm)	Resp rate (bpm)
< 1y	110-160	30-40
1-2 y	100-150	25-35
2-5 y	95-140	25-30

Adapted from

^{1.} NHS National Institute for Clinical Excellence (2007) Feverish illness in children

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