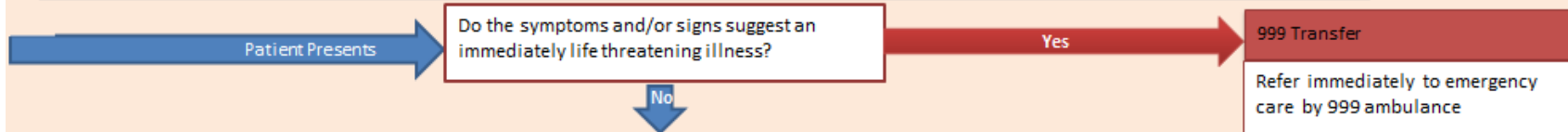


# Fever and LRTI Pathway and Assessment in Primary Care and Community for Children 0-5 years

Draft



	Green - Low risk	Amber - intermediate	Red - high risk
Colour	Normal colour skin lips and tongue	Pallor reported by parent/carer (note LRTI pathways inc pale/mottled as amber)	Pale/mottles/ashen/blue Cyanotic lips and tongue
Activity	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 Irritable	No response to social cues Appears ill to a healthcare professional Unable to rouse or if roused does not stay awake Weak, high pitched or continuous cry
Respiratory	Oxygen saturation $\geq 96\%$ in air None of the amber or red symptoms or signs	Nasal flaring Tachypnoea - RR > 50 breaths/minute 6-12 month - RR > 40 breaths/min age > 12 months - Oxygen saturation $\leq 95\%$ in air - Crackles - Moderate chest recession	- Grunting - Tachypnoea - RR > 60 breaths/min - Moderate or severe chest indrawing - Respiratory distress - Severe chest recession - Apnoea for 10-15 secs or shorter if accompanied by sudden decrease in saturation / central cyanosis or bradycardia
Hydration	Normal skin and eyes Tolerating 75% of fluid	- Dry mucous membrane - Poor feeding in infants CR - CRT $\geq 3$ seconds - Reduced urine output - 50-75% of fluid intake over 3-4 feeds	- Reduced skin turgor - < 50% fluid intake over 2-3 feeds / 12 hours - Significantly reduced urine output
Other	None of the amber or red symptoms	Fever for $\geq 5$ days Swelling of a limb or joint Non-weight bearing/not using an extremity A new lump $\geq$ cm	Age 3-6 months temp $> 39^\circ\text{C}$ Bulging fontanelle, Status epilepticus focal seizures, Sustained Tachycardia Non-blanching rash, Neck stiffness Focal neurological signs, Bile stained vomiting

This guidance is written in the following context;

*This assessment tool is based on NICE and SIGN guidance, which was arrived at after careful consideration of the evidence available. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. This 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 them.*

**Good Practice**

- Provide the parent/carer with a safety net: use the advice sheet and advice on signs and symptoms and changes and signpost where to go should condition change
- Arrange any required follow-up or review
- Send any relevant documents to the provider to follow-up or review

**Normal Paediatric Values**

Respiratory Rates according to age groups

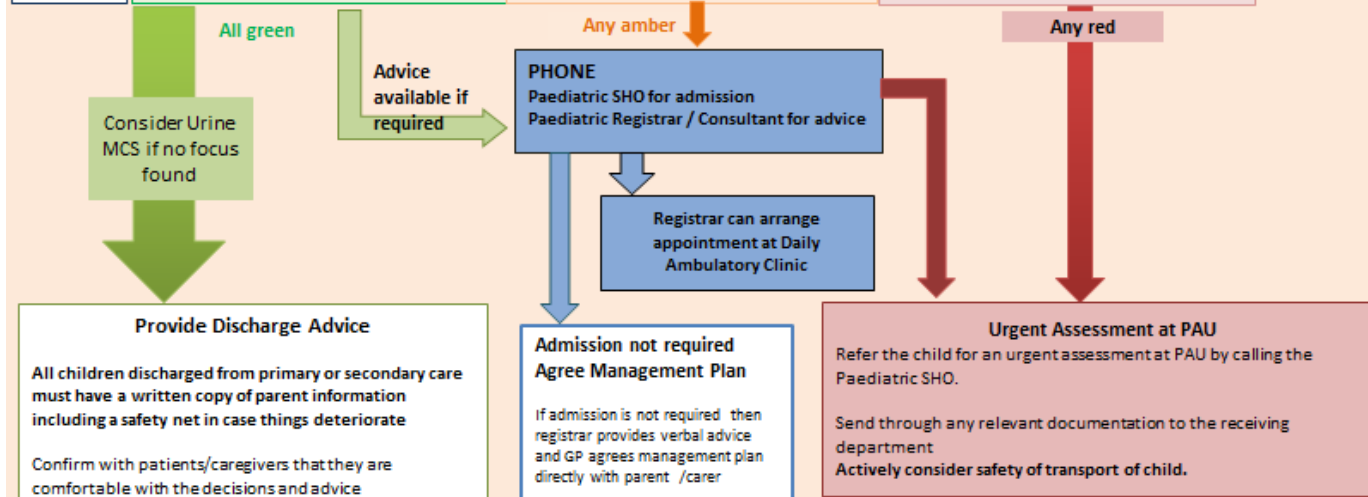
Age	Normal RR/min	severe Distress
<1month	40-50	>70 or <20
<1year	30-40	>70
2-5 years	20-30	>50
5-12years	20-24	>40
>12years	12-20	>40

Systolic Blood Pressure according to age group

Age	Systolic BP	Systolic BP(lower limit)
0-1 month	Normal mmHg	50
1-12 month	60	70
1-10 years	90 +2x age	70 +2x age
>10years	120	80

Heart Rate Normal Range

Age	Heart Rate/min
<1month	100-180
<1year	110-160
2-5years	95-140
5-12years	80-120



**Provide Discharge Advice**

All children discharged from primary or secondary care must have a written copy of parent information including a safety net in case things deteriorate

Confirm with patients/caregivers that they are comfortable with the decisions and advice

**Admission not required Agree Management Plan**

If admission is not required then registrar provides verbal advice and GP agrees management plan directly with parent /carer

**Urgent Assessment at PAU**

Refer the child for an urgent assessment at PAU by calling the Paediatric SHO.

Send through any relevant documentation to the receiving department

**Actively consider safety of transport of child.**