Fever and LRTI Pathway and Assessment in Primary Care and Community for Children 0-5 years Do the symptoms and/or signs suggest an 999 Transfer **Patient Presents** immediately life threatening illness? Refer immediately to emergency care by 999 ambulance Red - high risk Amber - intermediate **Green - Low risk** Pallor reported by parent/carer (note LRTI Normal colour skin lips and tongue Pale/mottles/ashen/blue pathways inc pale/mottled as amber) Cyanotic lips and tongue Colour Reduced response to social cues Responds normally to social cues No response to social cues Wakes only with prolonged stimulation Content/smiles Appears ill to a healthcare professional This guidance is written in the following context; Decreased activity Stays awake or awakens quickly Activity Unable to rouse or if roused does not stay awake No smile

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

Heart Rate Normal Range

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

Strong normal cry/not crying Weak, high pitched or continuous cry Irritable - Grunting Nasal flaring Oxygen saturation > 96% in air - Tachypnoea Tachypnoea None of the amber or red symptoms or signs - RR > 60 breaths/min - RR>50 breaths/manage 6-12month - Moderate or severe chest indrawing - RR>40 breaths/min age > 12 months Respiratory Respiratory distress - Oxygen saturation < 95% in air - Severe chest recession - Crackles - Apnoea for 10-15 secs or shorter if accompanied - Moderate chest recession by sudden decrease in saturation / central cyanosis or bradycardia - Reduced skin turgor - Dry mucus membrane Normal skin and eyes - < 50% fluid intake over 2-3 feeds / 12 hours - Poor feeding in infantsCR Tolerating 75% of fluid - Significantly reduced urine output - CRT > 3 seconds Reduced urine output - 50-75% of fluid intake over 3-4 feeds Hydration Age 3-6 months temp > 39*C Bulging fontanelle, Status epileptics focal seizures, Sustained Tachycardia Fever for > 5 days None of the amber or red symptoms Non-blanching rash, Neck stiffness Swelling of a limb or joint Focal neurological signs, Bile stained vomiting Non-weight bearing/not using an extremity A new lump > cm Other Any amber Any red All green PHONE **Advice** Paediatric SHO for admission available if **Consider Urine** Paediatric Registrar / Consultant for advice required MCS if no focus found Registrar can arrange appointment at Daily Ambulatory Clinic **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

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.