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

<table>
<thead>
<tr>
<th>Green - low risk</th>
<th>Amber - intermediate risk</th>
<th>Red - high risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Colour</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal colour of skin, lips and tongue</td>
<td>Pallor reported by parent/carer</td>
<td>Pale/mottled/ashen/blue</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responds normally to social cues</td>
<td>Reduced response to social cues</td>
<td>No response to social cues</td>
</tr>
<tr>
<td>Content/smiles</td>
<td>Wakes only with prolonged stimulation</td>
<td>Appears ill to a healthcare professional</td>
</tr>
<tr>
<td>Stay awake or awakens quickly</td>
<td>Decreased activity</td>
<td>Unable to rouse or if roused does not stay awake</td>
</tr>
<tr>
<td>Strong normal cry/not crying</td>
<td></td>
<td>Weak, high pitched or continuous cry</td>
</tr>
<tr>
<td><strong>Respiratory</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen saturation ≥ 96% in air</td>
<td>Nasal flaring</td>
<td>Grunting</td>
</tr>
<tr>
<td>None of the amber or red symptoms or signs</td>
<td>Tachypnoea:</td>
<td>Tachypnoea:</td>
</tr>
<tr>
<td></td>
<td>- RR &gt; 50 breaths/min age 6-12 months</td>
<td>- RR &gt; 60 breaths/min</td>
</tr>
<tr>
<td></td>
<td>- RR &gt; 40 breaths/min age &gt; 12 months</td>
<td></td>
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<tr>
<td>Oxygen saturation ≤ 95% in air</td>
<td></td>
<td></td>
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<tr>
<td>Crackles</td>
<td></td>
<td></td>
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<tr>
<td><strong>Hydration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal skin and eyes</td>
<td>Dry mucous membrane</td>
<td>Reduced skin turgor</td>
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<tr>
<td></td>
<td>CRT ≥ 3 seconds</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduced urine output</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None of the amber or red symptoms or signs</td>
<td>Fever for ≥ 5 days</td>
<td>Age 3-6 months, temp ≥ 39°C</td>
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<tr>
<td></td>
<td>Swelling of a limb or joint</td>
<td>Non-blanching rash</td>
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<td>Non-weight bearing/not using an extremity</td>
<td>Neck stiffness</td>
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<tr>
<td></td>
<td>A new lump ≥ 2 cm</td>
<td>Focal neurological signs</td>
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<tr>
<td></td>
<td></td>
<td>Bile-stained vomiting</td>
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</tbody>
</table>

### Management Plan

- **Provide discharge advice**
  - Provide appropriate and clear guidance to the parent/carer and refer them to the discharge advice sheet.
  - Confirm they are comfortable with the decisions and advice given, then discharge.

- **Consider calling the ‘Amberline’ Line**
  - Consider seeking 'Amberline' telephone advice from designated paediatrician as per local practice (Local Trust Numbers overleaf) ......................................................

- **Urgent Assessment**
  - Refer the child for an urgent assessment. This must be in a face-to-face setting within 2 hours with a paediatric clinician.
  - Send through any relevant documentation to the receiving department.

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. The 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.
What is a fever?

For the purposes of this guideline and according to NICE (ref: CG47), fever was thus defined as ‘an elevation of body temperature above the normal daily variation’. Scientific studies relating to fever used inclusion criteria typically defined a fixed body temperature such as ≥ 38 °C or higher.

Glossary of Terms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>B/P</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>CRT</td>
<td>Capillary Refill Time</td>
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<tr>
<td>GCS</td>
<td>Glasgow Coma Score</td>
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<tr>
<td>PEWS</td>
<td>Paediatric Early Warning Score</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
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<tr>
<td>CPD</td>
<td>Continuous Professional Development</td>
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<tr>
<td>HR</td>
<td>Heart Rate</td>
</tr>
<tr>
<td>RR</td>
<td>Respiratory Rate</td>
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</table>

Where can I learn more about paediatric assessment?

Whilst all trusts and healthcare providers organise in-house training and have links to Universities, we also recommend signing up to the online and interactive learning tool Spotting the Sick Child.

Commissioned by the Department of Health to support health professionals in the assessment of the acutely sick child, Spotting the Sick Child guides you through learning resources focussed on developing your assessment skills. It is also CPD certified.

www.spottingthesickchild.com

‘Amber’ line contact numbers

Western Sussex Hospitals NHS Trust
St Richards 01243 788122
Worthing 01903 205111

Surrey and Sussex Healthcare NHS Trust
East Surrey Redhill 01737 768511

Brighton and Sussex University Hospitals NHS Trust
Royal Alexandra 01273 696955

Here’s a big thank you to all those who supported this work

- **Aaron Gain**
- **Amanda Wood**
- **Carole Parry**
- **Carolyn Phillips**
- **Catherine Holroyd**
- **Chris Morris**
- **Christine McDermott**
- **Claire O’Callaghan**
- **Clare Lyons Amos**
- **Daniel Mathans**
- **Dr Amit Bhargava**
- **Dr Ann Corkery**
- **Dr Debbie Pullen**
- **Dr Farhana Damda**
- **Dr Fiona Wai**
- **Dr Helen Milne**
- **Dr Neorrina Jain**
- **Dr Kamal Khodabany**
- **Dr Kate Andrews**
- **Dr Meape Kabole**
- **Dr Oli Rahman**
- **Dr Pala Prabhakara**
- **Dr Stuart Nichols**
- **Dr Tim Fooks**
- **Dr Mike Linney**
- **Dr Tim Taylor**
- **Dr Venkat Reddy**
- **Fiona Mackisock**
- **Fiona Wooley**
- **Jane Mulsbey**
- **Jeanie Baumann**
- **Joanne Farrell**
- **Karen Heamden**
- **Kath Evens**
- **Kathy Walker**
- **Kim Morgan**
- **Lois Pendleton**
- **Lorraine Mulroy**
- **Matthew White**
- **Melissa Hancorn**
- **Mona Gardner**
- **Patricia Breach**
- **Rebecca C’Aletta**
- **Rose Courtney**
- **Rose Rowlands**
- **Sarah West**

Dear Colleague,

The West Sussex Children & Young Peoples Urgent Care Network would like to introduce you to the High Volume Pathway Assessment Tool for Fever in Primary Care and community Settings for Children aged 0-5 years.

Established in 2010, the Network, supported by the NHS Institute for Innovation and Improvement has worked across organisations in and around West Sussex developing assessment tools for use in primary care and community settings as well within acute hospitals.

The work builds on a movement of rapid improvement programmes which have taken place across the NHS in England facilitated by the NHS Institute for Innovation and Improvement focussed on the most common illnesses and injuries. It is based on the concept that by focussing on a limited range of high volume pathways, the NHS can make the maximum impact on improving the quality and value of care for patients.

The local clinical group who played such an important role in creating these tools included clinical representatives from acute, community and primary care, all working towards three main objectives:

- **To promote evidence-based assessment and management** of unwell children & young people for the most common conditions when accessing local NHS services in an emergency or urgent scenario

- **To build consistency across West Sussex**, so all healthcare professionals understand the pathway and can assess, manage and support children, young people and there families during the episode to the same high standards regardless of where they present

- **To support local healthcare professionals to share learning and expertise across organisations** in order to drive continuous development of high quality urgent care pathways for children & young people.

These assessment tools are developed using both national guidance such as NICE and SIGN publications, along-side local policies and protocols, and have been subject to clinical scrutiny and an initial pilot. Whilst it is hoped that all healthcare professionals who work with children & young people along this pathway will acknowledge and embed the use of this guidance, it must be stressed that the guidance does not override the individual responsibility of the healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with them.

The tools will be subject to review and evaluation and all healthcare professionals are welcome to feedback on their experience of using the tools by contacting a colleague listed on the back page.

We hope these tools support you and your colleagues to provide ever improving high quality care for children & young people on the urgent and emergency care pathway.

Yours Sincerely,

The Network