



02/12/13

TRAFFIC LIGHT SYSTEM FOR ASSESSING RISK OF SERIOUS ILLNESS IN CHILDREN YOUNGER THAN 5 YEARS (NICE CG 160 FEVERISH ILLNESS IN CHILDREN)

This traffic light system is designed to assist healthcare professionals in the initial assessment and immediate treatment of young children with fever presenting to **primary care**. By assessing feverish children for the presence or absence of particular symptoms and signs, the traffic light system can be used to **help predict the risk of serious illness**.

	GREEN - LOW RISK	AMBER - INTERMEDIATE RISK	RED - HIGH RISK
Colour of skin, lips, tongue	Normal	Pallor reported by carer	Pale/mottled/ashen/blue
Activity	Responds normally to social cues	Not responding normally to social cues	No response to social cues
	Content / smiles	No smile	Appears ill to healthcare professional
	Stays awake/awakens quickly	Wakes only with prolonged stimulation	Does not wake or if roused does not stay awake
	Strong normal cry/not crying	Decreased activity	Weak/high pitched/ continuous cry
Respiratory		Nasal flaring Tachypnoea: RR>50 breaths per minute (6- 12 months)	Grunting Tachypnoea: RR>60 breaths per minute
		RR>40 breaths per minute (>12 months)	
		Oxygen sats <=95% in air Crackles in chest	Moderate / severe chest indrawing
Circulation & Hydration	Normal skin & eyes Moist mucous membranes	Dry mucous membranes	Reduced skin turgor
		Tachycardia: HR>160 bpm (<12 months) HR>150 bpm (12-24 months) HR>140 bpm (2-5 years) Capillary refill time >=3 seconds Poor feeding in infants	
Other	No red or amber signs or	Reduced urine output Temperature >=39 (3-6	Temperature >=38 (<3 months)
	symptoms	months) Fever >=5 days	Non blanching rash
		Rigors	Bulging fontanelle
		Swelling of a limb / joint	Neck stiffness
		Non weight bearing limb/ not	Status epilepticus
		using an extremity	Focal neurological signs
			Focal seizures

Adapted from NICE Guidance by: Dr Rachel Casey & Dr Raman Lakshman

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MANAGEMENT BY REMOTE ASSESSMENT (E.G. TELEPHONE TRIAGE)

- Children whose symptoms suggest an **immediate life-threatening illness** should be referred immediately for emergency medical care (usually via 999 ambulance)
- Children with **any red features** but who are not considered to have an immediately life-threatening illness should be assessed urgently in a face to face setting within 2 hours.
- Children with amber but no red features should be assessed in a face to face setting.
- Children with green features only can be cared for at home with appropriate advice for carers, including advice on when to seek further attention from healthcare services.

MANAGEMENT IN PRIMARY CARE

- Children whose symptoms/ signs suggest **immediately life-threatening illness** should be referred immediately for emergency medical care (usually via 999 ambulance)
- Children with **any red features** but who are not considered to have an immediately life-threatening illness should be referred urgently to the care of a paediatric specialist.
- Children with **any amber features** in whom no diagnosis has been reached will **usually** need to be referred to specialist paediatric care for further assessment. If not, carers must be provided with a safety net i.e.
 - o Verbal and/or written information on warning symptoms & how further healthcare can be accessed
 - Arranging further follow-up at a specified time and place
 - Liaising with other healthcare professionals (e.g. OOH, to ensure direct access if further assessment is required).

Children with green features only can be cared for at home with appropriate advice for carers, including advice on when to seek further attention from healthcare services.

Children with amber symptoms who are assessed to be well enough to be sent home may be discussed with the on-call Paediatrician, who can arrange 24 hour open access to the Children's Assessment Unit in case the child becomes more unwell (safety netting).

GP Telephone Advice Line - West Suffolk Hospital NHS Foundation Trust Telephone Number: 07792 480771 (Monday to Friday 09:00 - 19:00)

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