

Fever in Young Children

Background

Great majority due to viral illness

Do **not** use antibiotics if no source found
Paracetamol or ibuprofen as antipyretics
Increase fluid intake

History

- duration of fever +/- rash
- associated symptoms
- strong or weak cry?
- Social responses
- Colour – pink, pale, mottled or blue

Examination

- strip down to examine
- assess hydration
- pulse rate
- Respiratory rate
- Capillary refill (CRT) (Normal <2 seconds)
- presence of rash?

ED Investigations

urinalysis mandatory
urine / blood cultures
Chest X ray if resp distress
LP if meningitis suspected or under 3 months of age
WCC / CRP non-specific

Treatment

- refer to hospital if < 3 months old
- judicious use of antipyretics 4 hourly
- empirical i/v antibiotics if very ill in hospital

TAKE HOME MESSAGES

Go by your instincts and respond to significant parental anxiety
Be wary of febrile infants already on antibiotics
Strip off fully to examine for rashes
Check urine on all febrile infants
Always ask parent to seek review if later deterioration
Beware tachycardia in the **quiet** child

GP concerns

Parents worried++
Age of the child (if < 3m)
Duration of the fever (if >4 days)
Fever + rash (tumbler test)
Fever+ headache/abd. Pain/dysuria/poor colour / limp/persistent vomiting

Evidence Base

Use the 'Traffic light' system as a guide (NICE CG 47)

Antipyretics do **not** prevent febrile seizures

Measuring temperature

- **Under 4 weeks** – electronic thermometer in axilla
- **4 weeks-5 yrs** – above or infrared tympanic thermometer

References

Moyer VA
Evidence-based paediatrics and child health 2000
NICE CG 47 2007
fever in infants and young children

Red Flags

Age (under 3 m)

Unresponsive to painful stimulation

HR > 160

CRT > 3 secs

Age < 4 weeks

Pale/mottled Cold peripheries

This algorithm has been produced by the National Paediatric and Neonatology Clinical Programmes. It is aimed at medical, nursing and allied health professionals working in both primary and emergency care settings.

Amendments following suggestions of QIP committee of ICGP . Secondary care treatment denoted in pink

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