

## ACUTE MANAGEMENT OF INFANTS AND CHILDREN WITH FEVER

*This PCP relates to*

**NSW Health PD**

*NSW PD2005\_388 Children and Infants with Fever -  
Acute Management*

**PCP number**

*NSW PD2005\_388:PCP 5 Acute management of infants  
and children with fever*

Sites where PCP applies	Bulahdelah Community Hospital - Emergency Department (ED)
Target audience	Clinicians in ED where children aged less than 3 years present with temperature $>38^{\circ}$ C per axilla
Description	Provides evidence based practice guidelines for the treatment of infants and children with fever
Subject	Basic clinical practice guidelines for the treatment of infants and children with fever
Keywords	Acute, management, fever, children, infants
Replaces existing PCP	No
Document number and/or name of superseded document/s	

Related Legislation (including OHS legislation), Australian Standards, NSW Health Policy or Circular, other HNEH Documents, Professional Guidelines, Codes of Practice or Ethics:  
NSW Health Paediatric Clinical Practice Guidelines

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### Summary

- This PCP is a clinical pathway for the use in the assessment of the severity and initial management of fever in infants and children,
- Promotes evidence based practice in the correct method to record a temperature,
- Provides guidelines on appropriate disposition, transfer/retrieval based on initial clinical assessment and initial findings or discharge planning,
- PCP includes relevant fact sheet for parent information.

<b>Distribution:</b>	General Manager, DON, Paediatrician, NUM ED, ED Physician, Director of Medical Services CYP&FCN Stream Leaders
<b>Date PCP authorised:</b>	May 2007
<b>PCP authorised by:</b>	Professor Trish Davidson - Clinical Leader CYP&FCN
<b>Date of Issue:</b>	May 2007
<b>PCP Review Due Date:</b>	May 2009
<b>TRIM Number:</b>	Pending

Hunter New England Area Health Service

Bulahdelah Community Hospital

**PAEDIATRIC FEVER MANAGEMENT**  
**For children < 3 years**

Surname \_\_\_\_\_ Sex \_\_\_\_\_

Given Names \_\_\_\_\_

DOB \_\_\_\_\_ MRN \_\_\_\_\_

AFFIX PT LABEL HERE

Pt. Weight \_\_\_\_\_ kg

**ALL CHILDREN < 3 MONTHS MUST BE DISCUSSED WITH THE PAEDIATRICIAN**  
*Be aware of children who develop a rash within the first 24 hours of onset of fever*  
*- consider meningococcal*

**THE FOLLOWING ARE HIGH RISK PATIENTS**

	<b>NEEDS RESUSCITATION <input type="checkbox"/></b>	<b>AGE &lt; 3 MONTHS <input type="checkbox"/></b>	<b>TOXIC <input type="checkbox"/></b>
<b>INITIAL MANAGEMENT</b>	Commence Resuscitation Get senior help  <b>CONTACT SENIOR MEDICAL OFFICER</b>	<b>CONTACT SENIOR MEDICAL OFFICER</b>	Treat as Priority 2 Triage  <b>CONTACT SENIOR MEDICAL OFFICER</b>
<b>TESTS</b>	FBC, CRP, Blood Cultures, UEC, Urine*, CXR, LP if no contraindications (senior MO only)	FBC, CRP, Blood Cultures, UEC, Urine*, CXR, LP if no contraindications (senior MO only)	FBC, CRP, Blood Cultures, UEC, Urine*, CXR, LP if no contraindications (senior MO only)
<b>DISPOSITION</b>	Transfer to a higher level facility for IV antibiotics > 3 months Ceftriaxone < 3 months Ampicillin + Gentamycin	Transfer to a higher level facility IV antibiotics Ampicillin + Gentamycin or Cefotaxime	Transfer to a higher level facility for IV antibiotics > 3 months Ceftriaxone < 3 months Ampicillin + Gentamycin or Cefotaxime

**PATIENTS WHO DO NOT FALL WITHIN THE HIGH RISK CATEGORY**

**FOCUS OF INFECTION FOUND**

	<b>YES <input type="checkbox"/></b>	<b>NO <input type="checkbox"/></b>	<b>NO <input type="checkbox"/></b>
<b>INITIAL ASSESSMENT</b>		<b>Temp &lt; 39 (per axilla/rectal)</b> * < 3mths contact Paediatrician	<b>Temp &gt; 39°C (axilla/rectal)</b> *All chn < 3months with fever > 38.5°C must be seen by the senior medical officer and discussed with the Paediatrician and will require <b>transfer to a higher level facility for admission</b> for IV antibiotics
<b>INITIAL MANGEMENT /TESTS</b>	Investigate focus and treat as appropriate Consult therapeutic guidelines	Urine Culture* Consider antibiotics based on U/A Consider alternative diagnosis	FBC,CRP,BC, Urine Culture
<b>DISPOSITION</b>	<b>Transfer</b> if requires IV Antibiotics Discuss with Paediatrician	Discharge from ED with fever fact sheet Clinical review next day (LMO or ED)	If WCC > 15,000 and/or raised CRP discuss with <b>Paediatrician re lumbar puncture and transfer</b> for admission for IV antibiotics

**DISCUSS ANTI-BIOTIC REGIME WITH PAEDIATRICIAN**

**ANTI-PYRETICS:**

**Doses:** *Paracetamol:* 15mg/kg ( max 60mgs/kg in 24 hours) **OR** *Ibuprofen:* not recommended if < 3 months old. Otherwise 5 - 10 mg/kg (6-8 hourly, max 4 doses in 24 hours)

**All children who are discharged home from ED with fever should be followed up the following day, either in ED or by their family Doctor, to detect the progression of infection, response to treatment and results of investigations. Provide family with a letter to the GP stating Clinical Diagnosis & investigations performed plus "FEVER" fact sheet.**

- \* Urine sent for culture **MUST BE** clean catch, IDC or SPC
- \* If temperature is  $\geq 41^{\circ}\text{C}$  **actively treat** with anti-pyretics
- \* Beware of child with rash within 24 hours of onset of illness

Doctor Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
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