

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 3 Acute management of infants
and children with fever*

Sites where PCP applies	Manning 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Document number and/or name of superseded document/s	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.

Distribution:	General Manager, DON, Paediatrician, NUM ED, ED Physician, Director of Medical Services CYP&FCN Stream Leaders
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PCP authorised by:	Professor Trish Davidson - Clinical Leader CYP&FCN
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Hunter New England Area Health Service

Manning 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 24hours of onset of fever
- consider meningococcal*

THE FOLLOWING ARE HIGH RISK PATIENTS

	NEEDS RESUSCITATION <input type="checkbox"/>	AGE < 3 MONTHS <input type="checkbox"/>	TOXIC <input type="checkbox"/>
INITIAL MANAGEMENT	Commence Resuscitation Get senior help		Treat as Priority 2 Triage
	CONTACT PAEDIATRICIAN	CONTACT PAEDIATRICIAN	CONTACT PAEDIATRICIAN
TESTS	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)
DISPOSITION	Admit for IV antibiotics > 3 months Ceftriaxone < 3 months Ampicillin + Gentamycin	Admit for IV antibiotics Ampicillin + Gentamycin or Cefotaxime	Admit 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

	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
INITIAL ASSESSMENT		Temp < 39 (per axilla/rectal) * < 3mths contact Paediatrician	Temp > 39°C (axilla/rectal) *All chn < 3months with fever > 38.5°C must be seen by the Paediatrician and will require admission for IV antibiotics
INITIAL MANGEMENT /TESTS	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
DISPOSITION	Admit 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 Paediatrician re lumbar puncture and admission for IV antibiotics

DISCUSS ANTIOTBIOTIC 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 ≥ 41°C **actively treat** with anti-pyretics

Doctor Signature: _____ Print Name: _____ Date _____