

Policy Compliance Procedure



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:PCP1 Acute management of infants and children with fever*

Sites where PCP applies	Hunter New England (HNE) Northern Rural Referral Hospital Emergency Departments (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

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, CHILDREN YOUNG PEOPLE & FAMILY CLINICAL NETWORK (CYP&FCN) STREAM LEADERS
Date PCP authorised:	April 2007
PCP authorised by:	Professor Trish Davidson - Clinical Leader CYP&FCN
Date of Issue:	May 2007
PCP Review Due Date:	April 2009
TRIM Number:	08/236-3-37

Hunter New England Area Health
ACUTE MANAGEMENT OF INFANTS AND CHILDREN < 3 yrs WITH FEVER > 38°C
 Referral Hospital

Name _____

MRN _____

INITIAL ASSESSMENT (Tick box)

N.B All children should have temperature taken per axilla and a full set of observations including pulse, respiration rate and effort, SpO2, and pain score if applicable

THE FOLLOWING ARE HIGH RISK & SHOULD BE ADMITTED:

CLINICAL STATUS	ACTION	INVESTIGATIONS	DISPOSITION
<input type="checkbox"/> NEEDS RESUSCITATION	Commence Resuscitation Call Retrieval Team	FBC, Blood Cultures, UEC, urine*, CXR, LP if no contraindications	Consider transfer Admit for IV Antibiotics
<input type="checkbox"/> AGE < 3 MONTHS	Urgent senior medical review	FBC, Blood cultures, UEC, urine*, CXR, Consider LP	Admit for IV Antibiotics
<input type="checkbox"/> TOXIC <i>A 'toxic' child appears drowsy, lethargic or irritable, pale, mottled, tachycardic, tachypnoeic. Has breathing difficulties</i>	Treat as Priority 2 Triage	FBC, Blood cultures, UEC, urine*, CXR, Consider LP.	Admit for IV Antibiotics

MANAGEMENT

FOCUS OF INFECTION FOUND	ACTION	DISPOSITION
<input type="checkbox"/> YES	Investigate focus and treat as appropriate Consult therapeutic guidelines	Consult Paediatrician Admit if requires IV Antibiotics
<input type="checkbox"/> NO – Temp < 39 (per axilla)	Urine Culture* Consider alternative diagnosis	Discharge from ED Fact Sheet Clinical Review next day
<input type="checkbox"/> NO – Temp > 39 (per axilla)	FBC, Blood culture and urine culture* <input type="checkbox"/> WCC < 15,000	Discharge from ED Fact Sheet Clinical Review next day
	<input type="checkbox"/> WCC > 15,000 - Urine Culture*, CXR, Consider LP	Senior Medical Review Admit for IV Antibiotics

ANTIBIOTICS:

0-3 months: Ampicillin IV 50mg/kg 6/24 + Gentamicin IV 7.5mg/kg Daily

> 3 months: Penicillin G IV 30mg/kg 4/24

ANTI-PYRETICS

Paracetamol: 15mg/kg/4hrly (max 4 doses in 24 hrs)

Ibuprofen: Not recommended if <6 months old. Otherwise 5-10mg/kg 6-8 hrly (Max 4 doses in 24 hrs)

* Urine sent for culture must be SPA, Catheter or Clean Catch.

FOLLOW UP

All children who are discharged home from the ED with fever should be followed up the following day, either in ED or by their family doctor, to detect progression of infection, response to treatment and results of investigations.

Provide family with letter to LMO stating clinical diagnosis & investigations performed plus **'Fever' fact sheet**.

Doctor _____ Signed _____ Date _____