

# 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:PCP2 Acute management of infants and children with fever*

Sites where PCP applies Hunter New England (HNE) Northern Rural 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

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**TRIM Number:** 08/236-3-26

Hunter New England Area Health  
**ACUTE MANAGEMENT OF INFANTS AND CHILDREN < 3 yrs WITH FEVER > 38°C**  
**Rural 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"/> <b>NEEDS RESUSCITATION</b>	<b>Commence Resuscitation</b> Call Retrieval Team	FBC, Blood Cultures, UEC, urine*, CXR, LP if no contraindications	Call retrieval Team NETS Hotline: 1300 36 2500
<input type="checkbox"/> <b>AGE &lt; 3 MONTHS</b>	<b>Urgent senior medical review</b>	FBC, Blood cultures, UEC, urine*, CXR, Consider LP	Transfer to a higher level care facility and admit for IV Antibiotics
<input type="checkbox"/> <b>TOXIC</b> <i>A 'toxic' child appears drowsy, lethargic or irritable, pale, mottled, tachycardic, tachypnoeic. Has breathing difficulties</i>	<b>Treat as Priority 2 Triage</b>	FBC, Blood cultures, UEC, urine*, CXR, Consider LP.	Transfer to a higher level care facility and admit for IV Antibiotics

**MANAGEMENT**

FOCUS OF INFECTION FOUND	ACTION	DISPOSITION
<input type="checkbox"/> <b>YES</b>	Investigate focus and treat as appropriate Consult therapeutic guidelines	Transfer and admit if requires IV Antibiotics
<input type="checkbox"/> <b>NO – Temp &lt; 39 (per axilla)</b>	Urine Culture* Consider alternative diagnosis	Discharge from ED Fact Sheet Clinical Review next day
<input type="checkbox"/> <b>NO – Temp &gt; 39 (per axilla)</b>	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	Transfer for Senior Medical review and 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 \_\_\_\_\_