Fever with unknown source

SEPSIS?
Click here for SEPSIS PATHWAY FLOWCHART

Yes → See Adult Sepsis Toolkit

No →

RISK FACTORS?
- Immunocompromised (HIV, diabetes, steroid therapy)
- Known malignancy (recent chemotherapy +/- neutropenia)
- Intravenous drug user
- Elderly
- Pregnancy

Yes → Consider admission **LOW THRESHOLD FOR ADMISSION** → Treat and assess appropriately

No →

ASSESSMENT

HISTORY	EXAMINATION*	INVESTIGATIONS
Past medical history Known malignancy Previously treated diseases such as endocarditis, tuberculosis, rheumatic fever Comorbid conditions (eg. diabetes)	**General** Skin for rashes, animal bites Nail bed exam for clubbing, nodules, lesions Subconjunctival haemorrhage Uveitis Palpate for lymphadenopathy	**Blood tests** FBC with differential Serum biochemistry (EUC, LFTs) ESR Blood culture *Others to consider: HIV antibody, CMV IgM, Q fever serology, Hepatitis serology*
Past surgical history Type and date of surgery Postoperative complications Any indwelling foreign material	**Cardiovascular** Temporal artery palpation Auscultation for bruits and murmurs	**Urine m/c/s**
Medication history Full list of medications Include over-the-counter and herbal remedies	**Gastrointestinal** Gums and oral cavity Abdominal palpation for hepatosplenomegaly	**Chest x-ray**
Social history Recent travel history Sexual history including sexual practices Recreational drug use Hobbies including exposure to pets/animals Employment history including exposures Unusual dietary habits	**Genito-urinary** Rectal examination for abscesses Testicular examination	**Additional investigations as indicated by history/examination findings** e.g. Thick/thin films CT/US abdomen Echocardiography Lumbar puncture Joint aspirate Doppler lower limbs
	Neurological Altered mentation Focal neurologic signs	
	Musculoskeletal Bony tenderness Joint effusion	

*Focussing on areas of high diagnostic yield. Full systems review is a minimum requirement.

↑ WCC → Consider admission **LOW THRESHOLD FOR ADMISSION**

↓ Hb → Consider admission **LOW THRESHOLD FOR ADMISSION**

Markedly abnormal examination / investigation finding → Consider admission **LOW THRESHOLD FOR ADMISSION**

Consider causes
Click here for a summary table of common causes

CLINICALLY STABLE?
- Normal vital signs
- Normal level of consciousness
- No other concerning factors

Yes → Can be discharged home with plan for timely follow-up and review

No → Admit for further investigation and management

RED FLAGS
Infective endocarditis
Tuberculosis
HIV
Osteomyelitis
Rheumatic fever
Malignancy
Giant cell arteritis

Yes → Treat and assess appropriately

Yes → Continuous repeated assessment with thorough history and physical examination for localising signs

No → Can be discharged home with plan for timely follow-up and review

This clinical guideline is intended for use with adult patients. For information regarding assessment of fever in the paediatric patient populations, please refer here.