Assessment and initial management

Flowchart for child < 5 years old with fever (>38°C axillary)

Needs resuscitation?

Yes

No

Age < 3 months? (corrected for gestation)

Yes

No

Any sign of toxicity?

Yes

No

Focus of infection?

Yes

No

Urinalysis. If positive, culture urine and commence antibiotics. If negative, review / consult next day if still febrile.

Toxicity
One or more of:

- Alertness, arousal or activity decreased
- Breathing difficulties (tachypnoea, increased work of breathing)
- Colour (pale or mottled), circulation (cool peripheries), or cry (weak, high pitched)
- Decreased fluid intake or decreased urine output

Unimmunised children are at increased risk of serious bacterial infection

- Axillary measurement of temperature is preferred in the 0-5 years age group.
- Oral and rectal measurements are not recommended because of safety concerns.
- Tympanic measurements may be inaccurate.
- When in doubt, ask for advice. No febrile child should be discharged from an Emergency Department without senior advice, particularly a child referred by a general practitioner, or a child representing with a febrile illness.
- At discharge the parent(s) should be educated on the detection and significance of toxicity, arrangements made for review, and a Fever Fact sheet and discharge summary provided.
- Err on the side of caution. If you are worried, admit / transfer the child.
- Only do a procedure or a test if it is going to contribute to a clinical decision. Use the flowchart to work out what tests you need. If in doubt about a child's clinical condition consult with someone more experienced such as a paediatric specialist. If a specialist is not available, call NETS (the Newborn and paediatric Emergency Transport Service) on 1300 36 2500.