



## PAEDIATRIC ACUTE CARE GUIDELINE

### Fever Without Source

<b>Scope (Staff):</b>	All Emergency Department Clinicians
<b>Scope (Area):</b>	Emergency Department

This document should be read in conjunction with this DISCLAIMER  
<http://kidshealthwa.com/about/disclaimer/>

## Fever Without Source

- **Fever** in a neonate is  $> 37.5^{\circ}\text{C}$
- **Fever** in a child greater than 1 month old is  $> 38^{\circ}\text{C}$

## Background

- Fever is nature's way of killing viruses/bacteria



### General

- Fever  $> 39^{\circ}\text{C}$  in the 3-6 month age group is concerning as they are not fully immunised
- After 6 months of age the height of the fever is unhelpful
- Most fevers are caused by a viral illness
- Lack of response to antipyretics does not predict a serious illness

## Assessment

- General features of the child's behaviour, interaction and appearance over a period of time provide the best indicator of whether serious infection is likely
- Beware of the unimmunised child
- Beware of the partially treated child

## Examination

- A well child is one who is interested in their surroundings, interacts with caregivers and examines normally
- A toxic child is :
  - Pale
  - Poorly perfused
  - Lethargic
  - Hypoventilation or tachycardia
- For those children who are sick but not toxic use the traffic light system to stratify risk

## System for Identifying the Likelihood of Serious Illness

	Low Risk	Medium Risk	High Risk
<b>Colour</b>	Normal colour	Pallor reported by parent/carer	Pale/mottled/ashen/blue
<b>Activity</b>	Responds normally to social cues Content/smiles Stays awake or awakens quickly Strong normal cry/not crying	Not responding normally to social cues No smile Wakes only with prolonged stimulation Decreased activity	No response to social cues Appears ill to a healthcare professional Does not wake or if roused does not stay awake Weak, high-pitched or continuous cry
<b>Respiratory</b>	Normal parameters No respiratory distress	Nasal flaring SpO <sub>2</sub> ≤ 95% Crackles in chest Tachypnoea	Grunting Moderate or severe chest indrawing Tachypnoea
<b>Circulation and Hydration</b>	Normal skin and eyes Moist mucous membranes	Tachycardia Capillary refill time ≥ 3 seconds Dry mucous membranes Poor feeding in infants Reduced urine output	Reduced skin turgor
<b>Other</b>	None of the amber or red symptoms or signs	Age 3-6 months, temperature ≥ 39°C Fever for ≥ 5 days Rigors Swelling of a limb or joint Non-weight bearing limb/not using an extremity	Age < 3 months, temperature ≥ 38°C Non-blanching rash Bulging fontanelle Neck stiffness Status epilepticus Focal neurological signs Focal seizures

Reference: NICE clinical guideline 160. Feverish illness in children. Assessment and initial management in children younger than 5 years. 2013

## Normal Paediatric Values

See [Emergency Calculator](#) to view normal heart rate, respiratory rate and blood pressure values.

## Initial management

- No tepid sponging
- Treating fever with antipyretics is **not** recommended if the child is not miserable or in distress

- Treat child for **discomfort** or **pain** with paracetamol or ibuprofen

## Further management

<b><u>Neonates with a temperature &gt; 37.5°C</u></b>
FBC, U&E, CRP and blood cultures Urine (SPA specimen) Lumbar puncture Consider CXR if indicated Admit for IV antibiotics
<b><u>1 month - 3 months of age with a temperature &gt; 38°C</u></b>
FBC, U&E, CRP, blood cultures Urine (catheter or SPA specimen) Consider lumbar puncture (determined by clinical condition) Consider CXR Admit under General Paediatric Team for IV antibiotics
<b><u>&gt; 3 months of age with a temperature of &gt; 38°C</u></b>
<b>Sick looking child:</b> FBC, U&E, CPR, blood cultures Urine (clean catch or catheter) Consider lumbar puncture (determined by clinical condition) Consider CXR Admit under General Paediatric Team for IV antibiotics <b>Well looking child:</b> Obtain urine as per ED Guideline - <a href="#">Urinary Tract Infection</a> Urine NOT required if obvious source of fever present
<b>Unsure:</b> <i>Use the Low, Medium and High Risk system to assess and seek Senior Medical advice to guide investigations and treatment</i>

## Lumbar Puncture:

- Consider if:
  - Toxic
  - Irritable
  - Unimmunised
  - Partially treated
  - Complex febrile convulsion that does not return to normal
- For further information regarding lumbar punctures see ED Guideline - [Lumbar Puncture](#)

**Chest X-Ray:**

- Usually only considered if signs of respiratory illness:
  - Cough
  - Increased respiratory rate
  - Creps or dullness on auscultation
  - Decreased oxygen saturations

**Medications**

<b>Paracetamol</b>
15 mg/kg 4-6 hourly Maximum 60mg/kg/day for < 3 month old child Maximum 80mg/kg/day for > 3 month old child
<b>Ibuprofen</b>
10mg/kg 6-8 hourly Maximum 40mg/kg/day To be given with food

**Health information (for carers)**

- Fever does not cause brain damage
- Use of antipyretics does not prevent febrile convulsions
- Do not use antipyretics for more than 3 days without a General Practitioner review
- Advise parents and document the features they need to look out for at home
- Provide Health Fact Sheet: [Fever in Children](#)

**Management paperwork**


- Document your clinical findings, both positive and relative negative

**Tags**

bacteraemia, bacterial, febrile, febrile convulsion, fever, fever without source, hot, sepsis, toxic, urinary tract infection, uti, viral

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