**PAEDIATRIC ACUTE CARE GUIDELINE**

**Petechiae +/- Fever**

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<thead>
<tr>
<th>Scope (Staff):</th>
<th>All Emergency Department Clinicians</th>
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<tbody>
<tr>
<td>Scope (Area):</td>
<td>Emergency Department</td>
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This document should be read in conjunction with this DISCLAIMER
http://kidshealthwa.com/about/disclaimer/

## Petechiae +/- Fever

**Petechiae**: Pinpoint (1-2 mm) red or purple non-blanching spots on the body  
**Purpura**: Larger (> 2 mm) red or purple non-blanching spots on the body  
**Fever**:  
- > 38°C in the > 1 month age group  
- > 37.5°C in the < 1 month age group

### Background

- The cause of petechiae and fever is difficult to diagnose on presentation  
- Always err on the side of caution and obtain senior medical advice early  
- This guideline is for Princess Margaret Hospital internal use only

### General

- In Australia, most cases of meningococcal disease occur in winter or early spring.  
- Less than 10% of children with petechiae and fever will have meningococcal disease.  
- Early recognition and treatment is paramount.  
- Mortality risk is high at approximately 10%. Furthermore 10-20% of patients who survive will develop permanent sequelae.  
- Well children with petechiae confined to the area of the distribution of the superior vena cava (SVC) (above the nipple line) are unlikely to have a diagnosis of meningococcal disease.  
- Consider: investigation and treatment of children who may have received partial treatment with antibiotics
Assessment

Differential diagnoses

Causes Of Petechiae:

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<table>
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<tbody>
<tr>
<td>Viral</td>
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<td></td>
<td>Influenza</td>
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<td>Enterovirus</td>
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<tr>
<td>Bacterial</td>
<td>Neisseria meningitidis</td>
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<td></td>
<td>Haemophilus influenzae</td>
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<td>Streptococcus pneumoniae</td>
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<tr>
<td>Mechanical</td>
<td>Vomiting, coughing – petechiae to head and neck</td>
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<td>Local pressure – (tourniquet, holding, trauma) – petechiae to site</td>
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<td></td>
<td>Non-accidental injury (NAI)</td>
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<tr>
<td>Other</td>
<td>Henoch Schonlein purpura (HSP)</td>
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<td></td>
<td>Immune thrombocytopenic purpura (ITP)</td>
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<td>Systemic lupus erythematosus (SLE)</td>
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<td>Leukaemia</td>
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Management

- All patients with petechiae need to be reviewed by an Emergency Department Senior Doctor
- No discharge home between midnight and 8am

Initial management

Temperature > 38°C and looks unwell:

- Investigations:
  - FBC, U&E, CRP, venous blood gas (+/- coagulation profile to screen for DIC)
  - Meningococcal PCR, Blood Culture
  - +/- lumbar puncture (See ED guideline: Lumbar Puncture to determine if appropriate)
- Intravenous antibiotics: Ceftriaxone 50mg/kg
- Consider intravenous fluids: 0.9% saline 20mL/kg, repeat if signs of shock
- Hourly observations: temperature, heart rate, respiratory rate, blood pressure, capillary refill, AVPU
- Medical review hourly including skin (for spreading petechiae)
- Admit to ward under General Paediatric Team
- Consider PICU referral
If looks well:
- **No Investigations until reviewed by ED consultant** (in hours)
- If after midnight,
  - Admit to Emergency Short Stay Unit (4E) until consultant review
  - Consider investigating and treating as above for the unwell child if patient has abnormal vital signs
  - Hourly observations: temperature, heart rate, respiratory rate, blood pressure, capillary refill, AVPU
  - Medical review hourly including skin (for spreading petechiae)
- If on review child looks unwell, has spreading petechiae or has developed abnormal vital signs – investigate and treat as above for the unwell child.

**History of mechanical cause**
- Consider differential diagnoses: ITP, HSP
- If suspected non-accidental injury refer to Child Protection Unit (CPU)
- Consider investigations for underlying aetiology - HSP, ITP, SLE, non-accidental injury

**Discharge criteria**

**No signs of deterioration or progression of rash:**
- Emergency Department Senior Doctor must review the patient prior to discharge
- Follow up: General Practitioner within 24 hours

This document can be made available in alternative formats on request for a person with a disability.