Algorithm - Fever
Assessment and initial management of children < 5 years old presenting with fever (> 38°C axillary)

NEEDS RESUSCITATION?

Yes


No

Age < 3 months? (corrected for gestation)

Yes

Admit / transfer, senior review / consult early. Investigate (FBC, B/C, Urine, ?CSF, ?CXR) IV antibiotics

No

Any sign of toxicity?

Yes

Consider IV antibiotics

No

Focus of infection?

Yes

Investigate focus as appropriate and treat.

No

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

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.

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