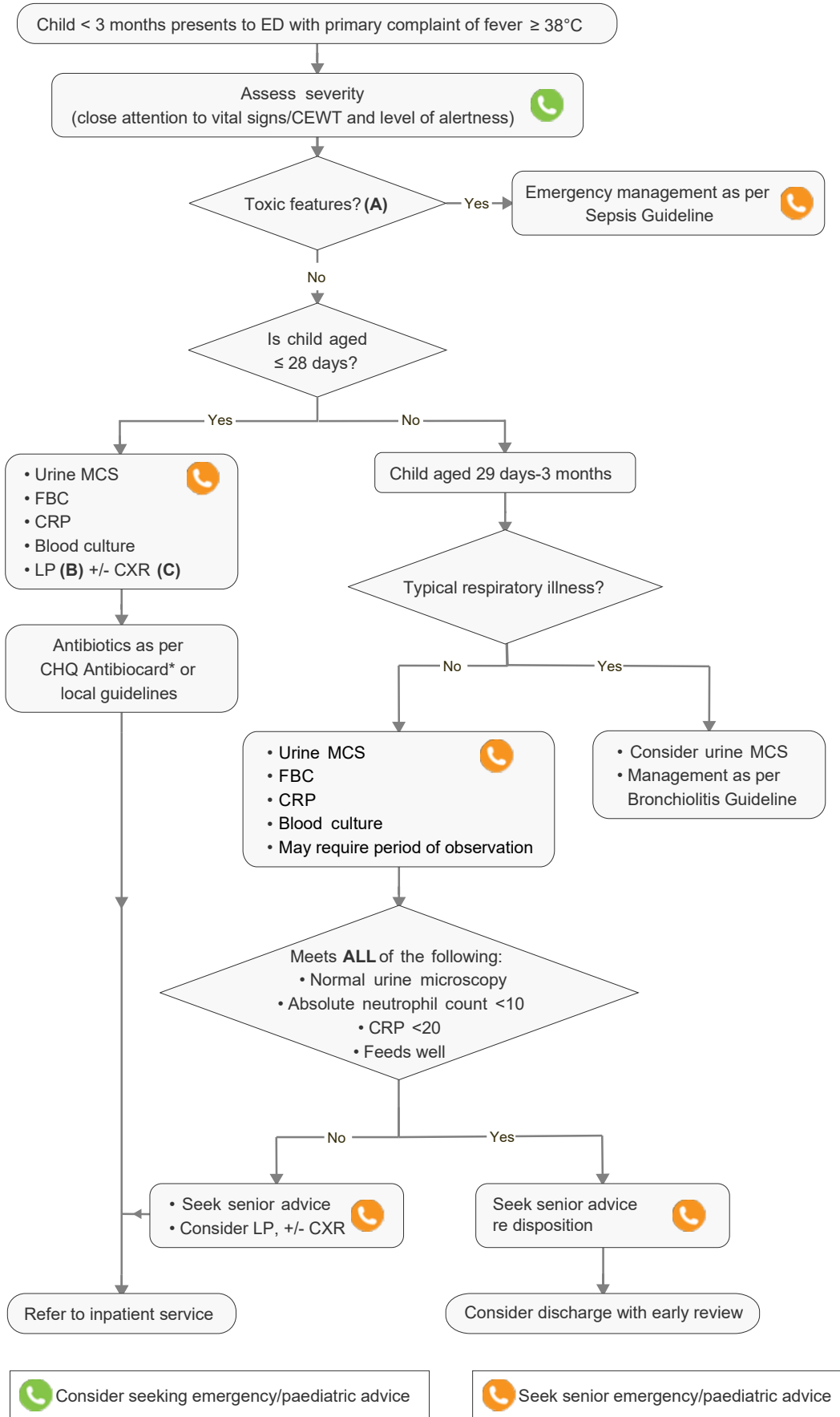


**Febrile Illness - Emergency Management in Children < 3 months - Flowchart**



- A. Toxic**
- marked lethargy/decrease in activity
  - altered mental status
  - inconsolable irritability
  - tachypnoea, increased work of breathing, grunting, weak cry
  - cyanosis
  - poor perfusion (mottled skin, pallor, mottled)
  - marked/persistent tachycardia > 180
  - moderate to severe dehydration
  - infant feeding <50% normal
  - < 4 wet nappies in 24 hours
  - seizures
  - petechial or purpuric rash
- Do not underestimate parental concern**

- B. Lumbar puncture (LP) Indications**
- fever < 28 days old
  - vomiting/ lethargy/ drowsiness/poor feeding
- Contraindications
- focal neurological signs
  - persistently reduced level of consciousness
  - haemodynamic instability
  - respiratory compromise
- CSF interpretation: See Meningitis Guideline

- C. Chest X-ray (CXR) indications**
- increased work of breathing
  - cough
  - tachypnoea
  - SpO2 ≤ 93% in room air
  - T > 39°C & WCC > 20

Consider seeking emergency/paediatric advice

Seek senior emergency/paediatric advice

\*CHQ Antibiocard: [www.childrens.health.qld.gov.au/health-professionals/ams-aim-gdl/](http://www.childrens.health.qld.gov.au/health-professionals/ams-aim-gdl/)

For more information refer to the *Statewide Paediatric Guideline: Febrile Illness - Emergency Management in Children*

## Febrile illness- Emergency Management in Children – Assessment

National Institute for Health and Clinical Excellence (NICE) risk classification for serious illness		
Low risk (green)	Intermediate risk (amber)	High risk (red)
Normal colour of skin, lips and tongue	Pallor reported by parent/carer	Pale/mottled/ashen/blue
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 cry or continuous cry
Normal RR No respiratory distress	Nasal flaring Tachypnoea: RR > 50 bpm 6-12 mths RR > 40 bpm > 12 mths SaO2 <95% in room air Crackles in the chest	Grunting Tachypnoea: RR > 60 bpm Moderate or severe chest indrawing
Normal skin and eyes Moist mucous membranes	Tachycardia: HR > 160 bpm < 12 mths HR > 150 bpm 12-24 mths HR > 140 bpm age 2-5 yrs Capillary refill time > 3 secs Dry mucous membranes Poor feeding in infants Reduced urine output	Reduced skin turgor
None of the amber or red symptoms or signs	Age 3-6 mths, temp > 39°C Fever > 5 days Rigors Swelling of a limb or joint Non- weight bearing limb/not using an extremity	Age < 3 mths, temp > 38°C Non- blanching rash Bulging fontanelle Neck stiffness Status epilepticus Focal neurological signs Focal seizures

For more information see *Statewide Paediatric Guideline: Febrile illness- Emergency Management in Children*.