

Produced By:	Rosemary Morton	Protocol number	2009-64 v 2.0
Authorised By:	Consultants Emergency Department	Date of issue	18/06/2009
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PDI/640: SUITABILITY FOR PROTOCOL DRIVEN INVESTIGATION (ALL YES)

Aged 3 months to 6 years	Yes	No
Febrile T > 38 C	Yes	No
No fitting (see febrile convulsion CDSG)		No
No need for immediate resuscitation		NO

Order: T, P, BP, R, S_aO₂, Weight.

Antipyretics if not already given (see treatment advice below)

CDU/641: SICK CHILD ASSESSMENT (ANY YES)

Airway compromise / stridor / drooling		No
Inadequate breathing		No
Shock		No
Altered conscious level / Fails to react to parent		No
Floppy	Yes	No

CDU/642: SIGNS OF MENINGOCOCCAL INFECTION (ANY YES)

Non-blanching purpuric rash	Yes	No
Neck stiffness	Yes	No
Photophobia	Yes	No

CDU/643: CLINICAL RISK ASSESSMENT OF FEVER	High	Mod	Low
Increased work of breathing or grunting			
Altered conscious level			
T > 40 C despite maximal antipyretic treatment			
Poor colour, mottled, ashen			
Bile stained vomiting			
Inappropriate behaviour for age			
No focus of infection found			
Poor feeding or decreased urine output			
Fever for > 5 days			
Worried parents			
T 38.6 to 39.9 C		•	
T < 38.5 C after antipyretic treatment			·

High if any H, Moderate if no H and any M, Low if no H and no M and

CDI/644: FEVER INVESTIGATION

Order: FBC, CRP, Blood cultures, CBG. CXR if high risk

and consider if no focus found and moderate risk Consider lumbar puncture if child aged less than I year

TREATMENT ADVICE

Take off outer clothing. Give paracetamol 15 mg/kg or Ibuprofen 5 mg/kg. Use a fan – but do not cool physically to the point of shivering.

Ref/645: Suitable for paediatric referral for PICU admission	
Ref/646: Suitable for paediatric referral for ward admission	
Ref/647: Suitable for Discharge and community follow-up	

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