Febrile illness and petechial rash – Emergency management in children – Flowchart

Child presents to ED with fever and petechial rash

Assessment

Toxic/unwell?

No

Non-toxic/well

Yes

Toxic/unwell (Box A)

manage as per sepsis guideline

Rash consistent with typical Henoch-Schonlein purpura

Rash not consistent with typical Henoch-Schonlein purpura

Obvious mechanical cause or SVC distribution only?

Yes

Investigations

FBC, CRP and Blood culture

Observation period (4-6 hours)

Monitor skin, vital signs and perfusion

Rash progresses or child unwell?

Yes

WCC 5-15 & CRP <8

No

Consider:

- availability of senior/expert opinion
- access to paediatric SSU or inpatient service
- ability of hospital staff to monitor closely
- ability of caregiver to monitor at home & return if deteriorates
- immunisation status

Disposition as per senior advice after 4-6 hours of observation

Planning to discharge

- Collect contact details in case of +ve blood culture
- Written and verbal safety net advice to family

Discharge with written advice and early GP review

Planning to admit

- Discuss antibiotics with Paeds
- Continue close observation - skin checks - vitals

Discharge with review in 24 hours with blood culture results

Refer to inpatient service

Refer to inpatient service or Paediatric Critical Care

Box A: Toxic features

- Altered mental state
- Inconsolable irritability
- Marked lethargy/decrease in activity
- Poor perfusion (mottled cool peripheries, delayed central capillary refill)

- Moderate to severe dehydration (feeding/urine output ↓ by > 50%)
- Tachypnoea, increased work of breathing, grunt, weak cry
- Marked/persistent tachycardia
- Seizures

Seek senior emergency/paediatric advice as per local practices

Consider seeking senior emergency/ paediatric advice as per local practices

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For more information refer to CHQ-GDL-60006 – Febrile illness – Emergency management in children