Febrile illness – Emergency management in children < 3 months – Flowchart

Child < 3 months presents to ED with primary complaint of fever ≥ 38°C

Assess severity
(close attention to vital signs/CEWT and level of alertness)

Toxic features? (Box A)

Yes

Emergency management as per Sepsis Guideline

No

Immuno-compromised?

Yes

Seek specialist advice

No

Is child aged ≤ 28 days?

Yes

Investigations
• Urine MCS
• FBC
• CRP
• Blood culture
• LP (Box B) +/- CXR

Antibiotics IV as per CHQ Antiobiocard

No

Child aged 29 days - 3 months

Typical respiratory illness?

Yes

Criteria for potential discharge
Meets ALL of the following:
• Normal urine microscopy
• Absolute neutrophil count < 10
• CRP < 20
• Feeds well
• No features concerning for SBI (Box C)

Meet criteria for potential discharge?

Yes

Seek senior advice re LP, +/- CXR

No

Consider discharge with early review

Box A: Toxic features
• marked lethargy/decrease in activity
• inconsolable irritability
• tachypnoea, increased work of breathing, grunting, weak cry
• poor perfusion (mottled cool peripheries, delayed central capillary refill)
• marked/persistent tachycardia (> 180 bpm)
• moderate to severe dehydration (feeding/urine output < 50%)
• seizures

Do not underestimate parental concern

Box B: Lumbar puncture (LP)

Contraindications
• focal neurological signs
• persistently reduced level of consciousness
• haemodynamic instability
• respiratory compromise

CSF interpretation: See Meningitis Guideline

Box C: Features concerning for SBI
• pallor (ask parent)
• decreased level of alertness (no smile, less social, decreased movement, sleepy, difficult to wake, weak cry)
• decreased perfusion (sluggish capillary refill, poor feeding, persistent tachycardia, reduced urine output)
• rigors
• swelling of limb or joint

Immuno-compromised? Seek specialist advice

Yes

No

No

Meets criteria for potential discharge?

Yes

Seek senior advice re LP, +/- CXR

No

Consider discharge with early review

Consider seeking emergency/pediatric advice as per local practices

Seek senior emergency/pediatric advice as per local practices.

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