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. If relevant see Fever in Oncology Patient Guideline
    - No: Petechial rash?
      - Yes: Refer to Fever and petechial rash flowchart in Fever Guideline
      - No: Focus of infection evident?
        - Yes: Investigate and treat as indicated by specific infection. Relevant guidelines:
          - Bronchiolitis (if age < 12 months and resp symptoms)
          - UTI
          - Limp (if severe, localised joint pain)
        - No: ≥ 2 doses of immunisations* and no other clinical concerns? (Box B)
          - Yes: Urinalysis +/- MCS (see UTI guideline)
          - No: Fever for > 48 hours
            - Yes: Consider D/C with advice and GP review
            - No: Consider seeking emergency/paediatric advice as per local practices

Fever for > 48 hours

- Yes: Discharge with GP review in 24-48 hours
- No: Refer to inpatient service

Discharge criteria
- no further investigations or IV treatment required
- no features of SBI
- able to maintain hydration
- can be safely managed at home and return if deteriorates

≥ 2 doses of immunisations* and no other clinical concerns? (Box B)

- Yes: Urinalysis +/- MCS (see UTI guideline)
- No: Findings suggestive of SBI? (Box E)
  - Yes: Consider antibiotics. Seek senior advice re disposition.
  - No: Seek senior advice re management and disposition

Investigate and treat as indicated by specific infection. Relevant guidelines:
- Bronchiolitis (if age < 12 months and resp symptoms)
- UTI
- Limp (if severe, localised joint pain)

Petechial rash?

- Yes: Refer to Fever and petechial rash flowchart in Fever Guideline
- No: Focus of infection evident?

- Yes: Investigate and treat as indicated by specific infection. Relevant guidelines:
- Bronchiolitis (if age < 12 months and resp symptoms)
- UTI
- Limp (if severe, localised joint pain)

- No: ≥ 2 doses of immunisations* and no other clinical concerns?

- Yes: Urinalysis +/- MCS (see UTI guideline)
- No: Fever for > 48 hours
  - Yes: Consider D/C with advice and GP review
  - No: Consider seeking emergency/paediatric advice as per local practices

Findings suggestive of SBI? (Box E)

- Yes: Consider antibiotics. Seek senior advice re disposition.
- No: Seek senior advice re management and disposition

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

Box A: Toxic
- marked lethargy/decrease in activity
- altered mental status
- inconsolable irritability
- tachypnoea, increased work of breathing, grunting, weak cry
- poor perfusion (mottled cool peripheries, delayed central capillary refill)
- marked/persistent tachycardia
- moderate to severe dehydration
- seizures

Box B: Clinical concerns
- potential partial treatment of infection (antibiotics prior to presentation)
- parental concern
- persistent tachycardia or irritability

Box C: Consider chest X-ray (CXR) if any of:
- increased work of breathing
- cough
- persistent tachypnoea
- SpO2 ≥ 93% in room air
- T > 39°C and WCC > 20

Box D: Lumbar puncture (LP)
Indications
- Vomiting, lethargy, drowsiness and reduced oral intake

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

Box E: Findings suggestive of serious bacterial infection (SBI)
- WCC > 15 if not fully immunised
- CXR focal changes
- presumptive UTI (see UTI Guideline for criteria)
- CSF consistent with meningitis (see Meningitis Guideline for CSF interpretation)

* Haemophilus influenza type b and 13-valent conjugate pneumococcal (3 dose course given as part of The Australian National Immunisation Program at age 2, 4 and 6 months)

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