



Summary of NICE Guidelines

Title	Feverish Illness In Children: Assessment and management in children younger than 5 years
NICE Reference	CG 160
Date of Review:	August 2013
Date of Publication	May 2013
Summary of Guidance (Max 250 words)	<p>Fever is defined as “an elevation of body temperature above the normal daily variation”. In the majority of children, fever occurs due to a self-limiting viral infection but it can also indicate a serious infection. The initial assessment of a child with fever is important and temperature, capillary refill, heart rate and respiratory rate must be measured. These results and other observations such as skin colour and the response of the child (ability to wake, type of crying), form the traffic light system (see full NICE guidelines). The assessment of serious illness is split into green (low), amber (intermediate) and red (high) risk. All children with tachycardia should be placed initially in the intermediate risk group (for the Advanced Paediatric Life Support criteria see the NICE guideline).</p> <p>All children should have a full blood count, blood culture, CRP & urine culture and consideration of stool culture (if diarrhoea), chest X-ray (if respiratory symptoms) and lumbar puncture (if appropriate).</p> <p>Healthcare assessors should always consider meningococcal disease, bacterial meningitis, herpes simplex encephalitis, pneumonia, urinary tract infection, septic arthritis and Kawasaki disease (see NICE guideline). An antipyretic should be administered if the child appears distressed. If bacterial infection is suspected, appropriate antibiotics should be given. If there is no obvious cause detected a broad spectrum antibiotic such as a 3rd generation cephalosporin, should be used.</p>
Impact on Lab (See below)	■ Moderate
Lab professionals to be made aware	<ul style="list-style-type: none">✓ Clinical Scientist✓ Biomedical Scientist
Please detail the impact of this guideline (Max 150 words)	Healthcare scientists should be aware of the symptoms and tests required in each category of the traffic light system. A child that is seriously ill can deteriorate rapidly with a changing clinical picture within hours of presenting with fever. The body temperature for children under 5 years should be measured with an electronic or chemical dot thermometer in the axilla or an infra-red tympanic thermometer. If there is a suspicion of a serious infection, the child

	<p>should be placed on parenteral antibiotics and or antivirals until a laboratory diagnosis is available.</p>
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	<p>Healthcare scientists should consider that there has been a rise in infections from bacterial subtypes not covered by the pneumococcal vaccination programme. Healthcare scientists should be aware of the NICE guidelines for bacterial meningitis and meningococcal septicaemia (CG120), diarrhoea and vomiting in children (CG84).</p>
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Impact on Lab

- **None:** This NICE guideline has no impact on the provision of laboratory services
- **Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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