

## HALF A DOZEN THINGS TO KNOW ABOUT FEVERISH ILLNESS IN CHILDREN

### CEM SUMMARY OF NICE GUIDANCE CG47 (2007)

<http://guidance.nice.org.uk/CG47>

1. Children with feverish illness should be assessed for the presence or absence of symptoms and signs that can be used to predict the risk of serious illness using the traffic light system **[page 16]**. Do not use duration or height of fever alone to predict the likelihood of serious illness **[1.2.1.10]**. In infants under the age of 4 weeks, body temperature should be measured with an electronic thermometer in the axilla **[1.1.2.1]**.
2. If any 'amber' features are present and no diagnosis has been reached, healthcare professionals should provide parents or carers with a 'safety net' or refer to specialist paediatric care for further assessment **[1.4.1.4]**.
3. Children (3 months or older) with fever without apparent source presenting to paediatric specialists with one or more 'red' features should have the following investigations performed: **[1.5.3.1]**
  - ❖ full blood count
  - ❖ blood culture
  - ❖ C-reactive protein
  - ❖ urine testing for urinary tract infection

The following investigations should also be considered in children with 'red' features, as guided by the clinical assessment:

- ❖ lumbar puncture in children of all ages (if not contraindicated)
- ❖ chest X-ray irrespective of body temperature and white blood cell count
- ❖ serum electrolytes and blood gas.

#### 4. Immediate treatment

- Do not routinely give antipyretic drugs to a child with fever with the sole aim of reducing body temperature **[1.6.1.3]**.
  - Antipyretic agents do not prevent febrile convulsions and should not be used specifically for this purpose **[1.6.1.7]**.
  - After administration of antipyretics, do not rely on a change in temperature after 1–2 hours to differentiate between serious and non-serious illness **[1.5.3.8]**.
  - Do not administer paracetamol and ibuprofen at the same time, but consider using the alternative agent if the child does not respond to the first drug **[1.6.1.6]**.
  - If bacterial infection is suspected, add an antibiotic active against *Listeria* (for example, ampicillin or amoxicillin) if child is younger than 3 months of age **[1.5.5.1]**.
5. Consider a period of observation in hospital (with or without investigations) for children older than 3 months with fever without apparent source to help differentiate non-serious from serious illness **[1.5.3.7]**.

Children with green features and no amber or red, can be managed at home with appropriate care advice, including when to seek further help **[1.5.6.3]**.
  6. Consider Kawasaki disease in children with fever lasting longer than 5 days and at least four of the following: **[1.2.2.10]**
    - ❖ bilateral conjunctival injection
    - ❖ change in upper respiratory tract mucous membranes (for example, injected pharynx, dry cracked lips or strawberry tongue)
    - ❖ change in the peripheral extremities (for example, oedema, erythema or desquamation)
    - ❖ polymorphous rash
    - ❖ cervical lymphadenopathy

(Note: in rare cases, incomplete/atypical Kawasaki disease may be diagnosed with fewer features).