

Costing statement: Feverish illness: assessment and initial management in children younger than 5 years

The guidance on feverish illness in children (NICE clinical guideline 47) is unlikely to result in a significant change in resource use in the NHS.

The recommendations within the guidance likely to have the largest resource impact are:

- Children at high risk of serious illness (that is, have any 'red' features; please see table 1 in the NICE guideline) but who are not considered to have an immediately life-threatening illness should be urgently assessed by a healthcare professional in a face-to-face setting within 2 hours.
- Children at high risk of serious illness (that is, have any 'red' features; please see table 1 in the NICE guideline) but who are not considered to have an immediately life-threatening illness should be referred urgently to the care of a paediatric specialist.
- Oral antibiotics should not be prescribed to children with fever without apparent source.
- Antipyretic agents do not prevent febrile convulsions and should not be used specifically for this purpose.

Patient numbers affected

Between 20 and 40% of children aged under 5 years are taken to a doctor each year because of a fever, with the highest proportions presenting between the ages of 6 and 18 months. Approximately 20% of all consultations for children aged younger than 5 years are for fever. This corresponds to 4.2 million GP consultations for fever for children aged under 5 years.

Approximately 845,000 consultations are for fever without apparent cause.

The National Audit Office report on the provision of out-of-hours care in England states that 28% of PCTs provide urgent face-to-face consultation within 2 hours. This is for adults and children, and does not reflect any local

arrangements to prioritise children, particularly those considered at high risk of a serious illness. Therefore this recommendation may already be implemented locally.

Serious illness is however rare, and the use of the traffic light system outlined in this guideline is considered to result in a possible increase in urgent referrals offset by a possible decrease in inappropriate referrals. The change in referrals is uncertain, and would need to be assessed locally.

Resource impact

The change in referral patterns following the use of the traffic light system may result in a small cost or saving locally, but is not expected to have a significant resource impact nationally.

Changes to antibiotic and antipyretic prescribing is expected to produce a small saving nationally, because of their low acquisition cost.

This guideline is not expected to have a significant resource impact nationally.