

Issue date: May 2007

## **Audit Criteria**

Feverish illness in children

Assessment and initial management in  
children younger than 5 years

NICE clinical guideline 47



## **Audit criteria for NICE clinical guideline no. 47**

### **Title: Feverish illness in children**

#### **Objective of the audit**

The aim of the audit is to assist health services determine whether they are implementing the NICE clinical guideline, Feverish illness in children.

#### **Groups to be included in the audit**

The guidance affects all children aged less than five years presenting to primary and secondary care with fever, and makes recommendations on the most clinically and cost effective measures to assist healthcare professionals in the initial assessment and immediate treatment of young children with fever. The audit should include all children aged less than five years who present to primary or secondary care with fever.

#### **Sample for the audit**

It is suggested that an annual audit is undertaken. In clinical settings this should be based on 50 care records demonstrating the management of children younger than five years who present with fever. However, even if organisations are unable to commit to an audit of this scale there is considerable value in undertaking a structured audit of the guidance for a shorter period of time, or with fewer care records.

#### **Data source for the audit**

The audit criteria require data to be collected from a range of sources, including local policy documents, patient records and patient administration systems.

#### **Frequency of the audit**

The audit should be repeated periodically depending on the local audit strategy and the time required for implementation of any necessary action arising from the first audit. This will allow organisations to monitor progress with implementation of the guidance over time. However, the frequency of repeat audits needs to be considered alongside other priorities for audit. The audit of this guidance should be considered alongside audit of:

Urinary tract infection in children. NICE clinical guideline (publication expected August 2007).

**Title: Feverish illness in children No: 47**

**Audit criteria:** These are the audit criteria developed by NICE to support the implementation of this guidance. Users can cut and paste these into their own programmes or they can use this template

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data source
1	<p><b>Clinical assessment of the child with fever</b></p> <p>Percentage of children with feverish illness assessed for the presence or absence of symptoms and signs that predict the risk of serious illness using the traffic light system developed as part of the guideline.</p> <p><i>(Primary Care / Secondary Care)</i></p>	None	The traffic light system can be referenced on page 16 of the NICE version of the Feverish Illness clinical guideline (Standard = 100%)	Patient health records Local policy documents
2	<p><b>Clinical assessment of the child with fever</b></p> <p>Percentage of children whose temperature, heart rate, respiratory rate and capillary refill time has been measured and recorded as part of the routine assessment of fever.</p> <p><i>(Primary Care / Secondary Care)</i></p>	None	(Standard = 100%)	Patient health records
3	<p><b>Management by remote assessment</b></p> <p>For those children initially assessed in a remote setting: Percentage of children displaying any of the red features (according to the traffic light system), but who are not considered to have an immediately life threatening illness, assessed by a healthcare professional in a face to face setting within two hours.</p>	<p>Children whose symptoms suggest an immediately life threatening illness.</p> <p>These children should be referred</p>	Remote assessment refers to situations in which a child is assessed by a healthcare professional who is unable to examine the child because the child is	Patient health records  Assessment of this criterion may also require the linkage of data held by different healthcare providers

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data source
	<i>(Primary Care)</i>	immediately for emergency medical care.	<p>geographically remote from the assessor. Assessment therefore consists largely of interpreting symptoms rather than physical signs. Examples include calls to NHS Direct and other telephone services. This might also apply to healthcare professionals whose scope of practice does not include the physical examination of a young child.</p> <p>(Standard = 100%)</p>	

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data source
4	<p><b>Management by the non-paediatric practitioner</b></p> <p>For those children with any of the amber features (according to the traffic light system) and where no diagnosis has been reached:</p> <ul style="list-style-type: none"> <li>a) Percentage of children referred to specialist paediatric care for further assessment</li> <li>b) Where the child was not referred to specialist paediatric care, the percentage of cases provided with a 'safety net'.</li> </ul> <p style="text-align: center;"><i>(Primary Care / Secondary Care)</i></p>	None	<p>A safety net consists of one or more of the following:</p> <ul style="list-style-type: none"> <li>• providing the parent or carer with verbal and/or written information on warning symptoms and how further healthcare can be accessed</li> <li>• arranging further follow up at a specified time and place</li> <li>• liaising with other healthcare professionals, including out of hours providers, to ensure direct access for the patient if further assessment is required</li> </ul> <p>(Standard [a + b] = 100% in total)</p>	<p>Patient health records</p> <p>Local policy documents</p>

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data source
5	<p><b>Management by the non-paediatric practitioner</b></p> <p>Percentage of children presenting with fever without apparent source prescribed oral antibiotics.</p> <p style="text-align: right;"><i>(Primary Care / Secondary Care)</i></p>	None	<p>Oral antibiotics should not be prescribed to children with fever without apparent source.</p> <p>(Standard = 0%)</p>	<p>Patient health records</p> <p>Prescribing information</p>
6	<p><b>Management by the paediatric specialist</b></p> <p>For infants less than three months of age, the percentage that have all of the following vital signs measured and recorded:</p> <ul style="list-style-type: none"> <li>• temperature</li> <li>• heart rate</li> <li>• respiratory rate</li> </ul> <p style="text-align: right;"><i>(Secondary Care)</i></p>	None	(Standard = 100%)	Patient health records
7	<p><b>Management by the paediatric specialist</b></p> <p>For children presenting with fever without apparent source and with one or more of the red features (according to the traffic light system), the percentage that have had all of the following investigations performed:</p> <ul style="list-style-type: none"> <li>• full blood count</li> </ul>	None	(Standard = 100%)	<p>Patient health records</p> <ul style="list-style-type: none"> <li>• Results of investigations</li> </ul>

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data source
	<ul style="list-style-type: none"> <li>• blood culture</li> <li>• C-reactive protein</li> <li>• urine testing for urinary tract infection</li> </ul> <p style="text-align: right;"><i>(Secondary Care)</i></p>			
No. of criterion replaced	Local alternatives to above criteria (to be used where other data addressing the same issue are more readily available)			

## **Appendix: Using the audit criteria to audit implementation of the guidance**

The following paragraphs are provided to assist NHS organisations to audit progress in implementing NICE clinical guidance. They represent current good practice in audit, but additional guidance can be found in [‘Principles for best practice in clinical audit’](#).

### **Auditing implementation of NICE guidance**

Following dissemination of the guidance to all relevant services and partners, NHS organisations are encouraged to undertake a baseline audit to determine whether practice is in accordance with the guidance. Where practicable, the audit should be repeated on a regular basis to monitor implementation and to enable comparisons of practice and results over time.

### **Audit rationale and planning**

The Healthcare Commission assesses the performance of NHS organisations in meeting core and developmental standards set by the Department of Health (DH) in [‘Standards for Better Health’](#). The implementation of NICE guidance will help organisations meet developmental standard D13. Standard C5(d) states that ‘Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services’. In order to assure themselves of compliance NHS trust boards need to receive regular reports on the implementation of NICE guidance, highlighting areas of non-compliance and risk. The audit of this guidance needs to be planned alongside audits of other NICE guidance, in order to feed into the appropriate reporting cycle.

### **Audit reporting template**

As part of this guidance, NICE has developed recommended audit criteria and has included these within an audit reporting template. It is recognised that some trusts will have their own well-developed systems for reporting audit results within the organisation and for retaining results to allow progress over time to be monitored. Where this is the case, NICE would not wish to alter current approaches – the reporting template is provided for those trusts that might find it useful.

### **Calculation of compliance**

Where compliance (%) with the guidance should be calculated as a measure, this is calculated as follows:

$$\frac{\text{Number within the population group whose care is consistent with the criterion}}{\text{Number within the population group to whom the measure applies (that is, the total population group less any exceptions)}} \times 100\%$$

As well as reporting the percentage compliance, it will often be useful to report the actual numerator and denominator figures (to give an idea of scale).

**Review of audit findings**

NICE encourages the local discussion of audit findings and, where there is an identified lack of compliance with the guidance, the development of an action plan. See '[How to put NICE guidance into practice: a guide to implementation for organisations](#)'. Progress against the plan can then be monitored and reported to the trust board to show that progress towards desired improvements is being achieved.

<b>Definitions used within the audit criteria and audit reporting template</b>	
<b>Criterion</b>	Measurable element derived from the key priorities for implementation of each piece of guidance. The organisational level to which the criterion applies is shown in parentheses.
<b>Exceptions</b>	Where implementation of guidance is not appropriate for a particular subgroup of the population, this is clearly stated. Where there are no exceptions, this is also stated.
<b>Definition of terms and/or general guidance</b>	Unambiguous definitions of any terms used in the audit criteria to promote consistency of approach and measurement and reduce the risk of non-comparable findings. This may include general guidance specific to that criterion. These definitions do not include any interpretation (or other clarification) of the NICE guidance. Should there be a need to include any such clarification, this will be inserted as a footnote to the audit template. The desired standard is shown in parentheses.
<b>Data source</b>	Source(s) of data used to gather evidence of implementation.
<b>Compliance</b>	Percentage compliance within the audited sample (see previous section for calculation).
<b>Findings</b>	Usually, this will provide added detail around the basic compliance figure – such as showing variation by age, ethnic group – to ensure that an aggregate compliance figure does not mask difficulties being experienced by particular subgroups of the population.
<b>Comments</b>	This allows free text for comment on audit findings and the local context in which they exist. It can provide the reference to other, more detailed documents including, if necessary, an action plan for improvement.



<b>Number of audit:</b>					
<b>Date audit completed:</b>					
<b>Audit lead/manager:</b>					
<b>Summary of previous audit results:</b> (where applicable)					
<b>To be completed by service during audit</b>					
<b>Criterion no.</b>	<b>Criterion</b>	<b>Data source</b>	<b>Compliance</b>	<b>Findings</b>	<b>Comments</b>
<b>No. of criterion replaced</b>	<b>Local alternatives to above criteria (to be used where other data addressing the same issue are more readily available)</b>				



