

Costing statement

Feverish illness in children

Published: May 2013

<http://guidance.nice.org.uk/CG160>

1 Introduction

- 1.1 This costing statement considers the cost implications of implementing the recommendations made in Feverish illness in children: Assessment and initial management in children younger than 5 years (NICE clinical guideline 160). The guidance is a partial update of NICE clinical guideline 47 (published in 2007) and will replace it.
- 1.2 A costing statement has been produced for this guideline because it is considered that implementing the recommendations will not have a significant resource impact.
- 1.3 The guideline might have limited resource implications at a local level as a result of variation in clinical practice across the country. Therefore, we encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs locally. Some of the resource effects to be considered locally are discussed in this statement.

2 Background

- 2.1 Feverish illness in young children usually indicates an underlying infection and is a cause of concern for parents and carers. Feverish illness is very common in young children, with between 20 and 40% of parents reporting such an illness each year. As a result, fever is probably the commonest reason for a child to be taken to the doctor. Feverish illness is also the second most common reason for a child being admitted to hospital. Despite advances in healthcare, infections remain the leading cause of death in children under the age of 5 years.
- 2.2 Fever in young children can be a diagnostic challenge for healthcare professionals because it is often difficult to identify the cause. In most cases, the illness is due to a self-limiting viral infection. However, fever may also be the presenting feature of

serious bacterial infections such as meningitis or pneumonia. A significant number of children have no obvious cause of fever despite careful assessment. These children with fever without apparent source are of particular concern to healthcare professionals because it is especially difficult to distinguish between simple viral illnesses and life-threatening bacterial infections in this group.

3 Recommendations with potential resource impact

- 3.1 There are no recommendations in the guideline which are anticipated to have a significant resource impact.

4 Other considerations

- 4.1 Although no recommendations likely to have a significant resource impact were highlighted by the Guideline Development Group, raising awareness of the following issues at a local level was suggested:
- Increased use of the traffic light system for diagnosing issues relating to fever may decrease admissions, resulting in a small saving locally.
 - The addition of heart rate as a decision-making variable may have an effect on the number of hospital admissions, but this is not expected to be significant.
 - Increased measurement of the heart rate of young children is not anticipated to require the procurement of pulse oximeters within primary care. Expert opinion suggests that this measure can be taken using a stethoscope in settings such as primary care, where pulse oximeters may not be available.

- Expert opinion suggests the requirement to consider using paracetamol or ibuprofen in children with fever who appear distressed represents a potential change in practice, as does the decreased use of antipyretics specifically for reducing body temperature. However changes in the use of these treatments is not anticipated to have a significant resource impact.

5 Conclusion

- 5.1 NHS organisations are advised to assess the resource implications of this guidance locally.
- 5.2 No significant costs or savings are expected at a local level.

About this costing statement

This costing statement accompanies the clinical guideline: Feverish illness in children: Assessment and initial management in children younger than 5 years (NICE clinical guideline 160).

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This statement is written in the following context

This statement represents the view of NICE, which was arrived at after careful consideration of the available data and through consulting healthcare professionals. It should be read in conjunction with the NICE guideline. The statement is an implementation tool and focuses on those areas that were considered to have potential impact on resource utilisation.

The cost and activity assessments in the statement are estimates based on a number of assumptions. They provide an indication of the potential impact of the principal recommendations and are not absolute figures.

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