



NICE National Institute for
Health and Care Excellence

Feverish illness in children (update) CG160

Support for education and learning 2013



What this presentation covers

- Background
- Learning objectives
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Background: why this guideline matters

Feverish illness in children:

- is the most common reason for children to be taken to the doctor
- is a cause of concern for parents and carers
- can be a result of a simple self-limiting infection or a life-threatening infection
- can have no apparent source



Learning objectives

- To increase knowledge of the new areas covered by the guideline update
- To identify and understand the changes to the traffic light system
- To increase their understanding of what needs to happen to implement these changes in practice



New recommendations

The following areas have new recommendations:

Clinical assessment of children with fever

Assessment of risk of serious illness

Symptoms and signs of specific illnesses

Management by the paediatric specialist

Observations in hospital

Antipyretic interventions

Drug interventions to reduce body temperature



The Traffic Light Table

- Tool for identifying the likelihood of serious illness
- Children with only symptoms and signs in the 'green' column are at low risk
- Children with one or more symptom or sign in the 'amber' column are at intermediate risk
- Children with one or more symptom or sign in the 'red' column are at high risk



Traffic light table: main changes

| | |
|--------------------------|---|
| Added to all risk groups | <ul style="list-style-type: none">• Colour – relates to skin, lips or tongue• Circulation and hydration |
| Circulation – in amber | <ul style="list-style-type: none">• Tachycardia:<ul style="list-style-type: none">> 160 beats/minute, age < 1 year> 150 beats/minute, age 1 year - 24 months> 140 beats/minute, age 2-5 years |
| Moved from red to amber | <ul style="list-style-type: none">• age 3-6 months, temperature $\geq 39^{\circ}\text{C}$ |

The text shown in bold highlights the new copy which has been added to the traffic light table as a result of the update



Traffic light table: minor changes

Changes to the 'amber' intermediate risk category:

| | |
|-------------|--|
| Respiratory | <ul style="list-style-type: none">• Crackles in the chest |
| Other | <ul style="list-style-type: none">• Age 3–6 months temperature $\geq 39^{\circ}\text{C}$• Rigors• Non-weight bearing limb/not using an extremity |
| Removed | <ul style="list-style-type: none">• a 'new' lump >2 cm |

Removed from 'red' high risk category

| | |
|-------|---|
| Other | <ul style="list-style-type: none">• bile stained vomiting |
|-------|---|

The text shown in bold highlights the new copy which has been added to the traffic light table as a result of the update



Symptoms and signs of specific illness

Consider urinary tract infection in a child aged 3 months or older with fever and 1 or more of the following:

- vomiting
- poor feeding
- lethargy
- irritability
- abdominal pain or tenderness
- urinary frequency or dysuria



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Observations in hospital

When a child has been given antipyretics, do not rely on a decrease or lack of decrease in temperature at 1–2 hours to differentiate between serious and non-serious illness



Photo -Imgorhand/E+/Thinkstock



Drug interventions in fever of unknown cause

Paracetamol or ibuprofen should not be used with the sole aim of reducing body temperature but can be used to treat the distress caused by fever and being unwell

If paracetamol or ibuprofen are used, give one or the other and only alternate them if the distress persists or recurs before the next dose

There is no evidence that simultaneous use of paracetamol and ibuprofen is an effective approach to reducing body temperature



Summary of key messages

- Assess children with learning disabilities using the traffic light table, taking into account their disability
- Children who are assessed as low risk 'green' can be cared for at home with appropriate advice
- If any 'amber' features are present and no diagnosis has been reached, provide parents or carers with a 'safety net' or refer to specialist paediatric care for further assessment
- Children assessed remotely with 'red' features should be sent for urgent referral
- Antipyretics should not be used with the sole aim of reducing fever



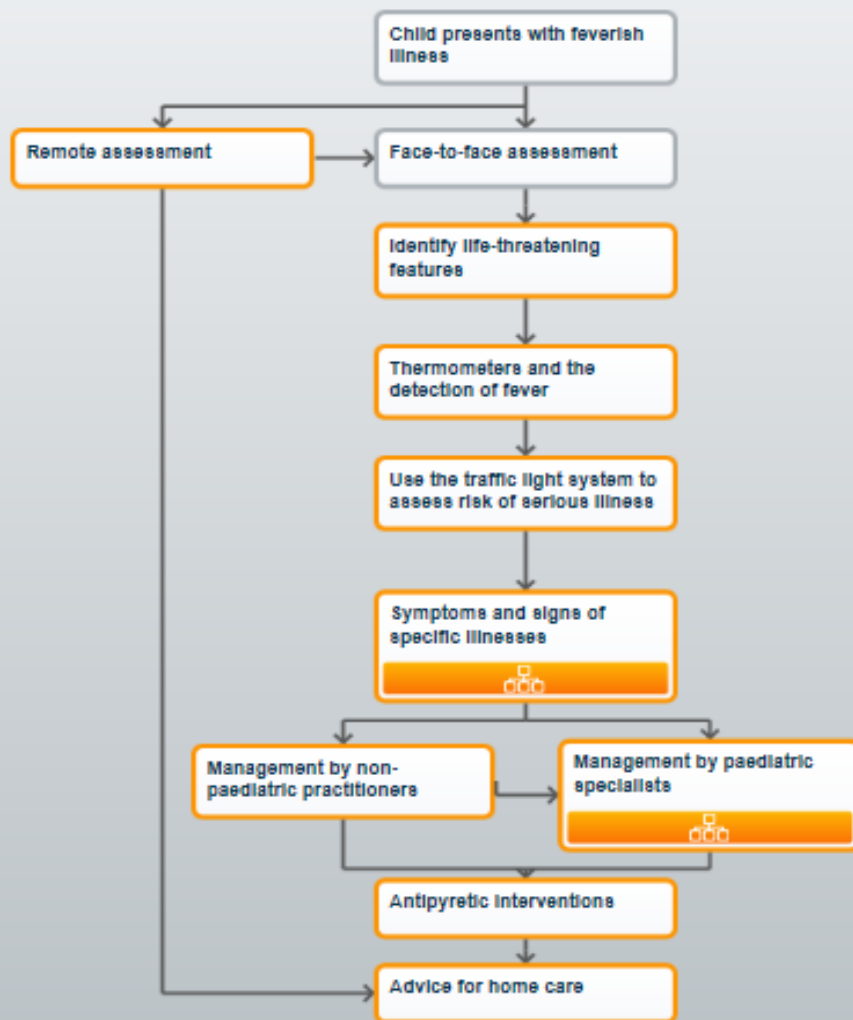
Discussion

- How will we ensure that healthcare professionals are aware of the changes to the clinical assessment recommendations – and the traffic light table?
- How will we ensure that patient information is up to date?
- How can we promote not using paracetamol or ibuprofen for the sole aim of reducing body temperature in children with fever?



Feverish illness in children overview

Feverish illness in children ▾



NICE Pathway

The NICE feverish illness in children pathway shows all the recommendations from the guideline

**Click here to go to
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Feverish illness in children



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illness in children

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Find out more

Visit www.nice.org.uk/guidance/CG160 for:

- the guideline
- The NICE pathway
- ‘Information for the public’
- costing statement
- audit support
- clinical case scenario



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