



# Fever in under 5s

Quality standard

Published: 24 July 2014

[nice.org.uk/guidance/qs64](https://www.nice.org.uk/guidance/qs64)

## Contents

Introduction .....	4
Why this quality standard is needed .....	4
How this quality standard supports delivery of outcome frameworks .....	5
Coordinated services.....	6
List of quality statements.....	8
Quality statement 1: Risk of serious illness.....	9
Quality statement.....	9
Rationale .....	9
Quality measures .....	9
What the quality statement means for service providers, healthcare professionals and commissioners ..	10
What the quality statement means for patients and carers .....	10
Source guidance.....	10
Definitions of terms used in this quality statement .....	10
Equality and diversity considerations.....	11
Quality statement 2: Measuring and recording vital signs .....	13
Quality statement.....	13
Rationale .....	13
Quality measures .....	13
What the quality statement means for service providers, healthcare professionals and commissioners ..	14
What the quality statement means for patients, service users and carers.....	14
Source guidance.....	14
Definitions of terms used in this quality statement .....	15
Quality statement 3: Urine testing .....	16
Rationale.....	16
Quality statement 4: Safety net advice .....	17
Quality statement.....	17
Rationale .....	17

---

Quality measures .....	17
Process .....	17
What the quality statement means for service providers, healthcare professionals and commissioners ..	18
What the quality statement means for parents and carers .....	18
Source guidance.....	18
Definitions of terms used in this quality statement .....	19
Equality and diversity considerations.....	20
Using the quality standard.....	21
Quality measures .....	21
Levels of achievement .....	21
Using other national guidance and policy documents.....	21
Information for commissioners .....	21
Information for the public .....	22
Diversity, equality and language .....	23
Development sources.....	24
Evidence sources.....	24
Policy context .....	24
Related NICE quality standards .....	26
Published .....	26
Future quality standards .....	26
Quality Standards Advisory Committee and NICE project team .....	27
Quality Standards Advisory Committee.....	27
NICE project team .....	29
About this quality standard.....	30

This standard is based on CG54 and CG160.

This standard should be read in conjunction with QS37, QS19, QS36, QS75, QS112, QS121, QS122, QS131 and QS161.

## Introduction

This quality standard covers the assessment and initial management of unexplained feverish illness in infants and children (from birth to 5 years). For more information see the topic overview.

### *Why this quality standard is needed*

Unexplained feverish illness is a concern for parents and carers and usually indicates an underlying infection. In most cases it is due to a self-limiting virus infection and recovery is quick without medical intervention. However, fever can be the presenting feature of serious bacterial illnesses such as meningitis, septicaemia, urinary tract infections and pneumonia.

Feverish illness is very common in young children (under 5), with between 20 and 40% of parents reporting such an illness each year. Fever is the most likely reason for a child to be taken to the doctor and the second most common reason for a child being admitted to hospital.

Feverish illness in infants and children can be hard to diagnose because it is often difficult to identify the cause. In some there will be symptoms and signs that suggest a particular infection, but many infants and children will have no obvious cause of fever despite careful assessment and investigation. These are a particular concern because it is especially difficult to distinguish between self-limiting virus infections and life-threatening bacterial infections in this group. The younger the child the more difficult it is to establish a diagnosis and assess the severity of illness.

The clinical picture can often change rapidly. The condition of an infant or child with a serious bacterial illness can deteriorate within hours of onset. On the other hand, those who appear ill with a virus infection can make a rapid recovery.

The quality standard is expected to contribute to improvements in the following outcomes:

- mortality in infants and children under 5 years
- morbidity in infants and children under 5 years

- number of emergency admissions to hospital of infants and children under 5 years
- parent and carer experience of services.

### *How this quality standard supports delivery of outcome frameworks*

NICE quality standards are a concise set of prioritised statements designed to drive measureable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- [NHS Outcomes Framework 2014–15](#)
- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013 to 2016, [Part 1](#) and [Part 1A](#).

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

**Table 1** [NHS Outcomes Framework 2014–15](#)

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	<p><i>Overarching indicator</i></p> <p>1a Potential years of life lost from causes considered amenable to healthcare</p> <p>ii Children and young people</p> <p><i>Improvement areas</i></p> <p><i>Reducing deaths in babies and young children</i></p> <p>1.6i Infant mortality*</p>
3 Helping people to recover from episodes of ill health or following injury	<p><i>Improvement areas</i></p> <p><i>Preventing lower respiratory tract infections (LRTI) in children from becoming serious</i></p> <p>3.2 Emergency admissions for children with LRTI</p>

4 Ensuring that people have a positive experience of care	<p><i>Improvement areas</i></p> <p><i>Improving children and young people's experience of healthcare</i></p> <p>4.8 Children and young people's experience of outpatient services</p>
<p><b>Alignment across the health and social care system</b></p> <p>* Indicator shared with Public Health Outcomes Framework</p>	

**Table 2 Public health outcomes framework for England, 2013 to 2016**

Domain	Objectives and indicators
4 Healthcare public health and preventing premature mortality	<p><i>Objective</i></p> <p>Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities</p> <p><i>Indicators</i></p> <p>4.1 Infant mortality*</p>
<p><b>Alignment across the health and social care system</b></p> <p>* Indicator shared with NHS Outcomes Framework</p>	

## *Coordinated services*

The quality standard for feverish illness in children specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole feverish illness care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to infants and children with fever.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality feverish illness service are listed in [Related quality standards](#).

## **Training and competencies**

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating infants and children with fever should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

## **Role of families and carers**

The quality standard recognises the important role families and carers have in identifying fever in infants and children. Healthcare professionals should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

## List of quality statements

Statement 1. Infants and children under 5 years with unexplained fever have their risk of serious illness assessed and recorded using the [traffic light system](#).

Statement 2. Infants and children under 5 years who are seen in person by a healthcare professional have their temperature, heart rate, respiratory rate and capillary refill time measured and recorded if fever is suspected.

Statement 3. Infants and children presenting with unexplained fever of 38°C or higher have a urine sample tested within 24 hours. See statement 1 of NICE quality standard 36 on urinary tract infection in infants, children and young people for the quality measures, what the quality statement means, source guidance and definitions.

Statement 4. Parents and carers who are advised that they can care for an infant or child under 5 years with unexplained fever at home are given safety net advice, including information on when to seek further help.



## Quality statement 1: Risk of serious illness

### *Quality statement*

Infants and children under 5 years with unexplained fever have their risk of serious illness assessed and recorded using the [traffic light system](#).

### *Rationale*

The condition of an infant or child with a serious illness can deteriorate within hours of onset. It is therefore important that risk of serious illness is assessed when infants and children present to healthcare professionals with unexplained fever. The traffic light system helps healthcare professionals, in conjunction with their professional judgement and the information provided by the parents and carers, to assess the risk of serious illness in a child with unexplained fever.

### *Quality measures*

#### Structure

Evidence of local arrangements to ensure that healthcare professionals are using the traffic light system to assess and record the risk of serious illness in infants and children under 5 years presenting with unexplained fever.

**Data source:** Local data collection.

#### Process

Proportion of infants and children under 5 years with unexplained fever who have their risk of serious illness assessed and recorded using the traffic light system.

Numerator – the number in the denominator who have their risk of serious illness assessed and recorded using the traffic light system.

Denominator – the number of infants and children under 5 years with unexplained fever.

**Data source:** Local data collection. NICE clinical guideline160 (feverish illness in children) audit support tool (criterion 2).

## Outcome

Early identification of serious illness in infants and children under 5 years.

*Data source:*Local data collection.

### *What the quality statement means for service providers, healthcare professionals and commissioners*

**Service providers** (such as general practice and emergency departments) ensure that healthcare professionals assess and record the risk of serious illness using the traffic light system in infants and children under 5 years with unexplained fever.

**Healthcare professionals** ensure that they assess and record the risk of serious illness using the traffic light system in infants and children under 5 years with unexplained fever.

**Commissioners** (clinical commissioning groups and NHS England) ensure that the services they commission can demonstrate the use of the traffic light system to assess and record the risk of serious illness in infants and children under 5 years with unexplained fever (for example, through auditing).

### *What the quality statement means for patients and carers*

**Infants and children under 5 years with unexplained fever** have their risk of serious illness assessed and recorded by a healthcare professional using a system that groups signs and symptoms into high (red), medium (amber) and low (green) risk. This is called the traffic light system.

## Source guidance

- [Feverish illness in children](#) (NICE clinical guideline 160), recommendation 1.2.2.1 (key priority for implementation).

## Definitions of terms used in this quality statement

### Fever

Fever is an elevation of body temperature above the normal daily variation. Healthcare professionals should take any parental reports of suspected fever seriously. [[NICE clinical guideline 160](#)]

## Serious illness

An illness that could cause death or disability if there were a delay in diagnosis and treatment. [NICE clinical guideline 160]

## Traffic light system

A system that stratifies risk of serious illness in infants and children under 5 years with fever according to vital signs and clinical symptoms.

Infants and children under 5 years with fever and any of the 'red' symptoms or signs should be recognised as at high risk. Infants and children under 5 years with fever and any of the 'amber' symptoms or signs should be recognised as at intermediate risk. Those with only 'green' symptoms and signs are at low risk. The management of fever in infants and children under 5 years should be directed by the level of risk.

Vital signs can be measured only during face-to-face contact. If an infant or child's condition is being assessed remotely this will rely on identifying symptoms rather than measuring vital signs.

The traffic light system can be found in [table 1](#) of NICE clinical guideline 160. [Adapted from [NICE clinical guideline 160](#)]

## *Equality and diversity considerations*

Care should be taken when using the traffic light system to assess the risk of serious illness in children with unexplained fever who have learning disabilities, autism spectrum disorder or other mental health problems. This is because it may not be possible to apply all parts of the system to these children.

It may be difficult to assess pallor or a pale, mottled, ashen or blue appearance in infants and children with darker skin. Healthcare professionals should be aware that it may be easier to assess pallor on the lips or tongue.

A non-blanching rash may also be harder to detect in infants and children with darker skin tones, and healthcare professionals should be aware that it may be easier to identify a rash on the palms of the hands, the conjunctivae and the soles of the feet.

Care should be taken when assessing infants and children remotely when their parent's or carer's first language is not English. Efforts should be made to provide an interpreter and for the infant or

child to be seen in person.

## Quality statement 2: Measuring and recording vital signs

### *Quality statement*

Infants and children under 5 years who are seen in person by a healthcare professional have their temperature, heart rate, respiratory rate and capillary refill time measured and recorded if fever is suspected.

### *Rationale*

Measuring and recording vital signs is an essential step in assessing the risk of serious illness, aiding diagnosis and ensuring the correct course of action. Measuring vital signs includes taking the child's temperature and measuring heart rate, respiratory rate and capillary refill time. Temperature, heart rate and respiratory rate should be measured using the correct equipment for the child's age. To ensure an accurate reading, it is important that a healthcare professional measures the child's temperature even if the parent or carer has already done this. Parental or carer reports of fever should be acted on.

### *Quality measures*

#### **Structure**

Evidence of local arrangements to ensure that temperature, heart rate, respiratory rate and capillary refill time of infants and children under 5 years with suspected fever can be measured using the correct equipment and recorded.

**Data source:** Local data collection.

#### **Process**

Proportion of infants and children under 5 years seen by a healthcare professional and suspected of having a fever who have their temperature, heart rate, respiratory rate and capillary refill time measured and recorded.

**Numerator** – the number in the denominator who have their temperature, heart rate, respiratory rate and capillary refill time measured and recorded.

**Denominator** – the number of infants and children under 5 years seen by a healthcare professional and suspected of having a fever.

**Data source:** Local data collection. NICE clinical guideline 160 (feverish illness in children) audit support tool (criterion 3).

## Outcome

Early identification of serious illness in infants and children under 5 years.

**Data source:** Local data collection.

### *What the quality statement means for service providers, healthcare professionals and commissioners*

**Service providers** (such as general practice and emergency departments) ensure that the correct equipment for measuring temperature, heart rate, respiratory rate and capillary refill time is available to healthcare professionals who see infants and children under 5 years with suspected fever.

**Healthcare professionals** ensure that they measure and record temperature, heart rate, respiratory rate and capillary refill time using the correct equipment in infants and children under 5 years with suspected fever.

**Commissioners** (clinical commissioning groups and NHS England) ensure that the services they commission provide the correct equipment and training so that healthcare professionals can measure and record the temperature, heart rate, respiratory rate and capillary refill time of infants and children under 5 years with suspected fever.

### *What the quality statement means for patients, service users and carers*

Infants and children under 5 years with suspected fever have their temperature, pulse and breathing rate measured when they are seen by a healthcare professional. The healthcare professional also checks for signs of dehydration and shock, and makes sure that all measurements and observations are added to the patient records.

## Source guidance

- [Feverish illness in children](#) (NICE clinical guideline 160), recommendation 1.2.2.6 (key priority for implementation).

## *Definitions of terms used in this quality statement*

### **Suspected fever**

Fever is suspected when there is reason to believe that body temperature is raised above the normal daily variation. Healthcare professionals should take any parental reports of suspected fever seriously. [[NICE clinical guideline 160](#)]

### **Correct equipment**

Temperature should be measured using appropriate thermometers as described in section 1.1 of [NICE clinical guideline 160](#).

## Quality statement 3: Urine testing

Infants and children presenting with unexplained fever of 38°C or higher have a urine sample tested within 24 hours. See [statement 1](#) of NICE quality standard 36 on urinary tract infection in infants, children and young people under 16 for the quality measures, what the quality statement means, source guidance and definitions.

### *Rationale*

It is important that a urinary tract infection is considered as a possible cause of feverish illness in infants and children under 5 years. When an infant or child (under 5 years) with a temperature of 38°C or higher is taken to a healthcare professional, and there is no obvious source of infection, a urine sample should be tested within 24 hours to ensure prompt diagnosis and antibiotic treatment if needed. An infant under 3 months should be admitted to hospital if they present with fever (as outlined in the traffic light system) and the urine sample should be tested in the hospital. A child over 3 months may be cared for at home, depending on other symptoms, in which case the urine sample should be tested in primary care.



## Quality statement 4: Safety net advice

### *Quality statement*

Parents and carers who are advised that they can care for an infant or child under 5 years with unexplained fever at home are given safety net advice, including information on when to seek further help.

### *Rationale*

Sometimes a healthcare professional advises parents and carers to care for their child at home. This may be because the child is at low risk of serious illness or they may have been stratified as medium risk but the decision has been made to care for them at home. Advice about what to do and what to look out for (safety net advice) empowers parents and carers to seek help if the child's condition deteriorates further or if they need more support. If a child's condition deteriorates it is important that they are seen again quickly.

### *Quality measures*

#### **Structure**

Evidence of local arrangements to ensure that safety net advice, which includes information on when to seek further help, is available for parents and carers who are advised they can care for an infant or child under 5 years with unexplained fever at home.

**Data source:** Local data collection.

#### *Process*

Proportion of infants and children under 5 years with unexplained fever who are being cared for at home after assessment by a healthcare professional, whose parents and carers are given safety net advice, including information on when to seek further help.

Numerator – the number of infants and children in the denominator whose parents and carers receive safety net advice that includes information on when to seek further help.

Denominator – the number of infants and children under 5 years with unexplained fever who are being cared for at home after assessment by a healthcare professional.

*Data source:* Local data collection.

## Outcomes

Parent and carer experience of services.

*Data source:* Local data collection.

### *What the quality statement means for service providers, healthcare professionals and commissioners*

**Service providers** (such as general practice and emergency departments) ensure that written and verbal safety net advice is given to parents and carers when infants and children under 5 years with unexplained fever are cared for at home. This information should explain when the parent or carer should seek further help and should be available in formats that take account of literacy, language and other communication barriers.

**Healthcare professionals** provide parents and carers with safety net advice when an infant or child under 5 years with unexplained fever is cared for at home. This advice should include information on when the parent or carer should seek further help and should be given in a format the parents and carers can understand. The advice should usually be given as written material with some verbal discussion of the content.

**Commissioners** (clinical commissioning groups and NHS England) ensure that the services they commission can demonstrate that parents and carers are provided with safety net advice in an appropriate format when infants and children under 5 years with unexplained fever are cared for at home. This could include evidence that the advice accounts for any literacy, language or other communication barriers.

### *What the quality statement means for parents and carers*

Parents and carers who are caring for an infant or child under 5 years with unexplained fever at home are given advice about what to do, what to look out for and when to get further help.

## Source guidance

- [Feverish illness in children](#) (NICE clinical guideline 160), recommendations 1.3.1.5, 1.4.2.3 (key priority for implementation), 1.4.2.4 and 1.5.8.2.

## *Definitions of terms used in this quality statement*

### **Fever**

Fever is an elevation of body temperature above the normal daily variation. Healthcare professionals should take any parental reports of suspected fever seriously. [[NICE clinical guideline 160](#)]

### **Safety net advice**

Advise parents or carers looking after a feverish child at home:

- to offer the child regular fluids (where a baby or child is breastfed the most appropriate fluid is breast milk)
- how to detect signs of dehydration by looking for the following features:
  - sunken fontanelle
  - dry mouth
  - sunken eyes
  - absence of tears
  - poor overall appearance
- to encourage their child to drink more fluids and consider seeking further advice if they detect signs of dehydration
- how to identify a non-blanching rash
- to check their child during the night
- to keep their child away from nursery or school while the child's fever persists but to notify the school or nursery of the illness.

[[NICE clinical guideline 160](#) recommendation 1.7.1.2]

### **When to seek further help**

Following contact with a healthcare professional, parents and carers who are looking after their feverish child at home should seek further advice if:

- the child has a fit
- the child develops a non-blanching rash
- the parent or carer feels that the child is less well than when they previously sought advice
- the parent or carer is more worried than when they previously sought advice
- the fever lasts longer than 5 days
- the parent or carer is distressed, or concerned that they are unable to look after their child.

[[NICE clinical guideline 160](#) recommendation 1.7.2.1]

See also the NICE clinical guideline 160 [Feverish illness in children: discharge advice template](#).

### *Equality and diversity considerations*

Healthcare professionals should take into consideration the communication needs of the parents and carers when deciding on the best format for safety net advice.

A non-blanching rash may be harder to detect in infants and children with darker skin tones, and healthcare professionals should inform parents and carers that it may be easier to identify a rash on the palms of the hands, the conjunctivae and the soles of the feet.

## Using the quality standard

### *Quality measures*

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

### *Levels of achievement*

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

### *Using other national guidance and policy documents*

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in [Development sources](#).

### *Information for commissioners*

NICE has produced support for commissioning that considers the commissioning implications and potential resource impact of this quality standard. This is available on the NICE website.

## *Information for the public*

NICE has produced information for the public about this quality standard. Patients, service users and carers can use it to find out about the quality of care they should expect to receive; as a basis for asking questions about their care, and to help make choices between providers of social care services.

## Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between health, public health and social care practitioners and the parents and carers of infants and children with feverish illness is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Infants and children with feverish illness and their parents or carers should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

## Development sources

Further explanation of the methodology used can be found in the quality standards [Process guide](#) on the NICE website.

## Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Feverish illness in children](#) NICE clinical guideline 160 (2013).
- [Urinary tract infection in children](#) NICE clinical guideline 54 (2007).

## Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Department of Health (2013) [Children and young people's health outcomes forum: report by the acutely ill themed group](#).
- Department of Health (2013) [Improving children and young people's health outcomes: a system wide response](#).
- Department of Health (2013) [Report of the children and young people's health outcomes forum](#).
- Royal College of Nursing (2013) [Caring for children with fever: RCN good practice guidance for nurses working with infants, children and young people](#).
- Royal College of Nursing (2013) [Standards for assessing, measuring and monitoring vital signs in infants, children and young people: RCN guidance for children's nurses and nurses working with children and young people](#).
- Royal College of Paediatrics and Child Health (2012) [Standards for children and young people in emergency care settings](#).
- British Thoracic Society (2011) [Guidelines for the management of community acquired pneumonia in children: update 2011](#).



- Meningitis Research Foundation (2011) [Meningococcal meningitis and septicaemia guidance notes: diagnosis and treatment in general practice.](#)
- Department of Health (2010) [Achieving equity and excellence for children](#)
- Department of Health (2010) [Getting it right for children and young people: overcoming cultural barriers in the NHS so as to meet their needs.](#)
- Royal College of Paediatrics and Child Health (2010) [To understand and improve the experience of parents and carers who need advice when a child has a fever \(high temperature\): research report.](#)
- National Patient Safety Agency (2009) [Review of patient safety for children and young people.](#)

## Related NICE quality standards

### *Published*

- [Urinary tract infection in infants, children and young people under 16](#) NICE quality standard 36 (2013).
- [Bacterial meningitis and meningococcal septicaemia in children and young people](#) NICE quality standard 19 (2012).

### *Future quality standards*

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Acute medical admissions in the first 48 hours.
- Antibiotics for neonatal infection.
- Managing symptoms with an uncertain cause.
- Out of hours care.
- Pneumonia (including community acquired pneumonia).
- Sepsis.
- Tuberculosis.
- Urgent and emergency care.

## Quality Standards Advisory Committee and NICE project team

### *Quality Standards Advisory Committee*

This quality standard has been developed by Quality Standards Advisory Committee 3. Membership of this committee is as follows:

**Dr Alastair Bradley**

General Medical Practitioner, Tramways Medical Centre/Academic Unit of Primary Medical Care, University of Sheffield

**Jan Dawson**

Public Health Nutrition Lead and Registered Dietician, Manchester City Council

**Dr Matthew Fay**

GP, Westcliffe Medical Practice, Shipley, West Yorkshire

**Dr Malcolm Fisk**

Co-Director, Ageing Society Grand Challenge Initiative, Coventry University

**Ms Margaret Goose**

Lay member

**Mrs Geeta Kumar**

Clinical Director, Women's Services (East) Betsi Cadwaladr University Health Board

**Mrs Rhian Last**

Clinical Lead, Education for Health

**Dr Hugh McIntyre (Chair)**

Consultant Physician, East Sussex Healthcare Trust

**Ms Ann Nevinson**

Lay member

**Dr Jane O'Grady**

Director of Public Health, Buckinghamshire County Council

**Professor Gillian Parker**

Professor of Social Policy Research and Director, Social Policy Research Unit, University of York

**Mr David Pugh**

Independent Consultant, Gloucestershire County Council

**Dr Eve Scott**

Head of Safety and Risk, The Christie NHS Foundation Trust, Manchester

**Dr Jim Stephenson (Vice Chair)**

Consultant Medical Microbiologist, Epsom and St Helier NHS Trust

**Mr Darryl Thompson**

Psychosocial Interventions Development Lead, South West Yorkshire Partnership NHS Foundation Trust

**Mrs Julia Thompson**

Strategic Commissioning Manager, Sheffield City Council

The following specialist members joined the committee to develop this quality standard:

**Dr John Crimmins**

GP, Eryl Group Practice, Vale of Glamorgan

**Mrs Penny McDougall**

Senior Sister Paediatric Department, Queen Alexandra Hospital, Portsmouth Hospitals NHS Trust

**Dr Edward Purssell**

Senior Lecturer in Infectious Diseases and Immunology, Florence Nightingale School of Nursing and Midwifery, London

**Mrs Debra Quantrill**

Lay member

**Dr Martin Richardson**

Consultant Paediatrician, Peterborough City Hospital

**Dr Andrew Riordan**

Consultant in Paediatric Infectious Diseases and Immunology, Alder Hey Children's NHS Foundation Trust, Liverpool

**Dr Damian Roland**

Consultant in Paediatric Emergency Care, University Hospitals of Leicester NHS Trust

### *NICE project team*

**Dylan Jones**

Associate Director

**Shirley Crawshaw**

Consultant Clinical Adviser

**Craig Grime**

Technical Adviser

**Eileen Taylor**

Lead Technical Analyst

**Rachel Neary**

Programme Manger

**Esther Clifford**

Project Manager

**Lee Berry**

Coordinator

## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard has been incorporated into the NICE pathway for [feverish illness in children](#).

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

### Changes after publication

April 2015: minor maintenance

### Copyright

© National Institute for Health and Care Excellence 2014. All rights reserved. NICE copyright material can be downloaded for private research and study, and may be reproduced for educational and not-for-profit purposes. No reproduction by or for commercial organisations, or for commercial purposes, is allowed without the written permission of NICE.

ISBN: 978-1-4731-0674-1

### *Endorsing organisation*

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

## *Supporting organisations*

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Meningitis Research Foundation](#)
- [Meningitis Now](#)
- [Royal College of General Practitioners](#)
- [Royal College of Psychiatrists](#)
- [Royal Pharmaceutical Society](#)
- [Royal College of Paediatrics and Child Health](#)