



The provision of safety net advice to parents of febrile children: Do Interventions at Induction improve adherence to evidence based guidelines?

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Aims

- To compare the adherence to NICE Fever guidelines of two different rotation cohorts of junior doctors across two years
- To determine Junior Doctor perceptions on the role evidence based guidelines in their practice.

Quick reference guide

Issue date: May 2007

Feverish illness in children

Assessment and initial management in children
younger than 5 years

Table 1 Traffic light system for identifying likelihood of serious illness

	Green – low risk	Amber – intermediate risk	Red – high risk
Colour	<ul style="list-style-type: none"> Normal colour of skin, lips and tongue 	<ul style="list-style-type: none"> Pallor reported by parent/carer 	<ul style="list-style-type: none"> Pale/mottled/ashen/blue
Activity	<ul style="list-style-type: none"> Responds normally to social cues Content/smiles Stays awake or awakens quickly Strong normal cry/not crying 	<ul style="list-style-type: none"> Not responding normally to social cues Wakes only with prolonged stimulation Decreased activity No smile 	<ul style="list-style-type: none"> No response to social cues Appears ill to a healthcare professional Unable to rouse or if roused does not stay awake Weak, high-pitched or continuous cry
Respiratory		<ul style="list-style-type: none"> Nasal flaring Tachypnoea: <ul style="list-style-type: none"> – RR > 50 breaths/minute age 6–12 months – RR > 40 breaths/minute age > 12 months Oxygen saturation $\leq 95\%$ in air Crackles 	<ul style="list-style-type: none"> Grunting Tachypnoea: <ul style="list-style-type: none"> – RR > 60 breaths/minute Moderate or severe chest indrawing
Hydration	<ul style="list-style-type: none"> Normal skin and eyes Moist mucous membranes 	<ul style="list-style-type: none"> Dry mucous membrane Poor feeding in infants CRT ≥ 3 seconds Reduced urine output 	<ul style="list-style-type: none"> Reduced skin turgor
Other	<ul style="list-style-type: none"> None of the amber signs 		

Box 3 The safety net should be one or more of the following

- Provide the parent or carer with verbal and/or written information on warning symptoms and how further healthcare can be accessed.
- Arrange a follow-up appointment at a certain time and place.
- Liaise with other healthcare professionals, including out-of-hours providers, to ensure the parent/carer has direct access to a further assessment for their child.

To understand and improve
the experience of parents
and carers who need advice
when a child has a fever
(high temperature)

Funded and Commissioned by
Department of Health

RESEARCH REPORT

March 2010

81% of parents recalled receiving safety netting advice
(i.e. told what to do if their child got worse / there was a change /
didn't get better).

Parents who did not receive safety netting advice were more likely
to seek another contact than those who did (52% vs. 35%; $p=0.01$).

Method

- ▶ All paediatric emergency department presentations were selected between July and August 2009 and July and August 2010
 - Presented with/had a history of a fever
 - Were under 5 years old
- ▶ Demographic and Physiological Data Recorded
- ▶ Disposition and documentation of provision of safety net advice recorded.
- ▶ Induction intervention with questionnaire

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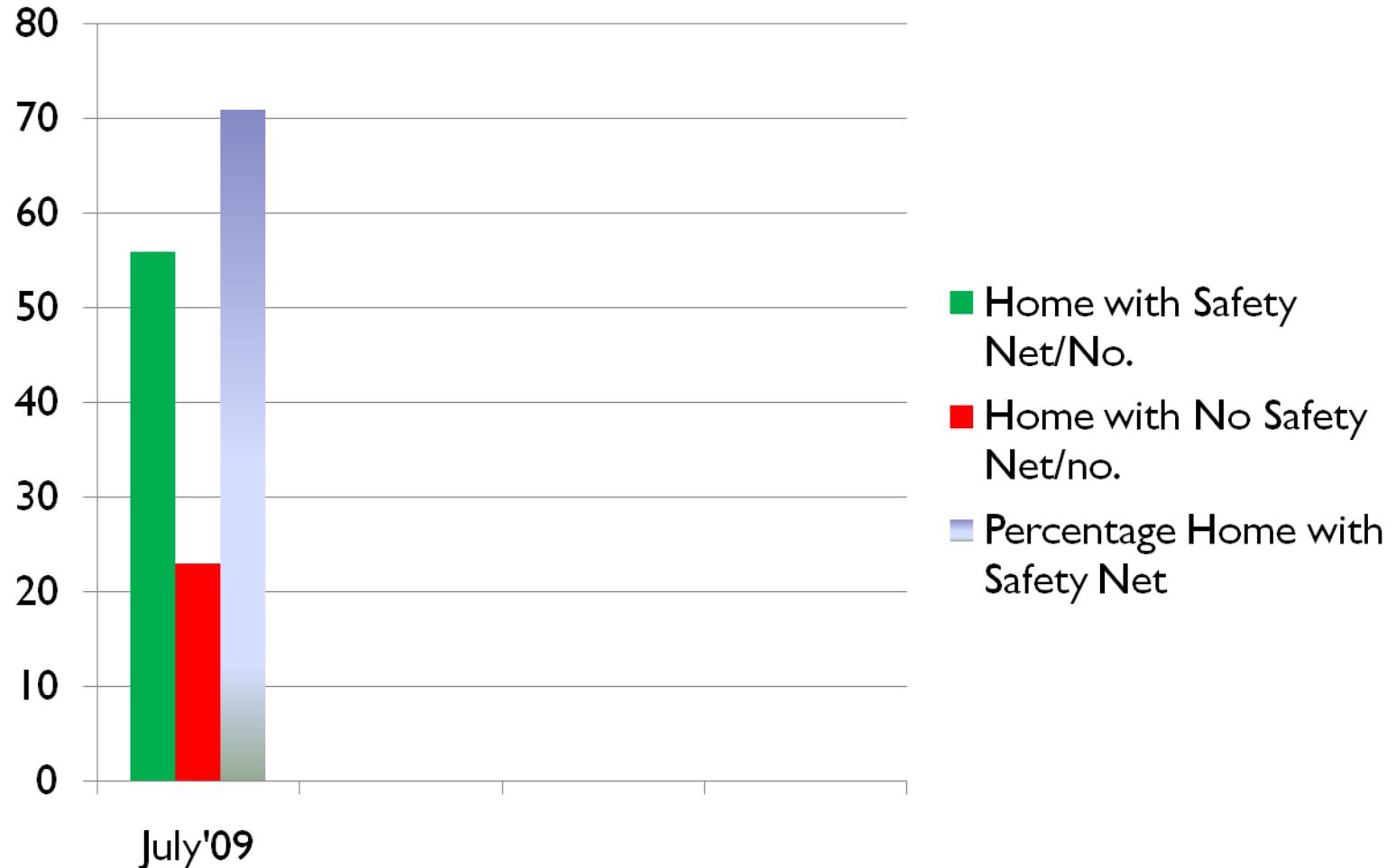
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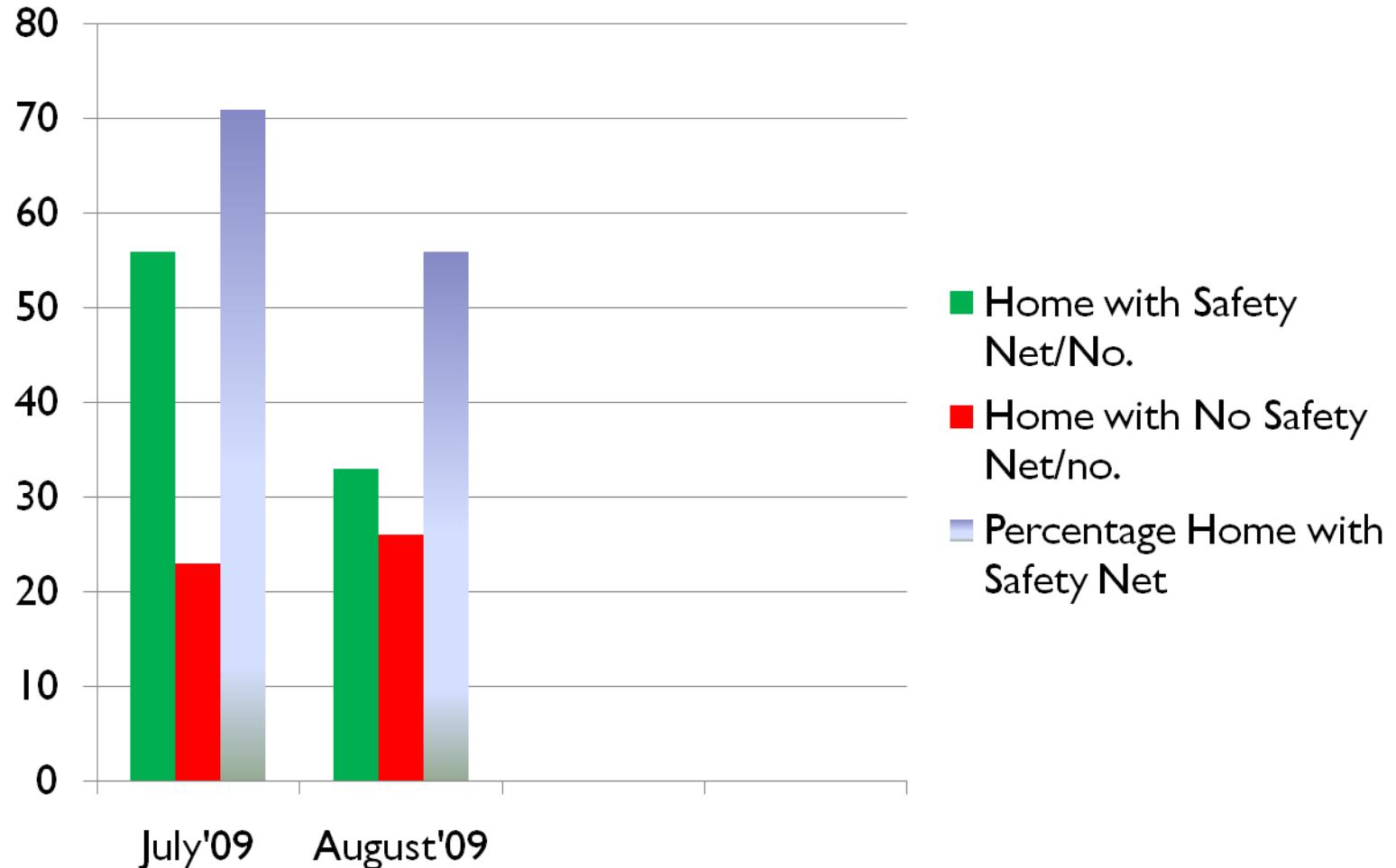
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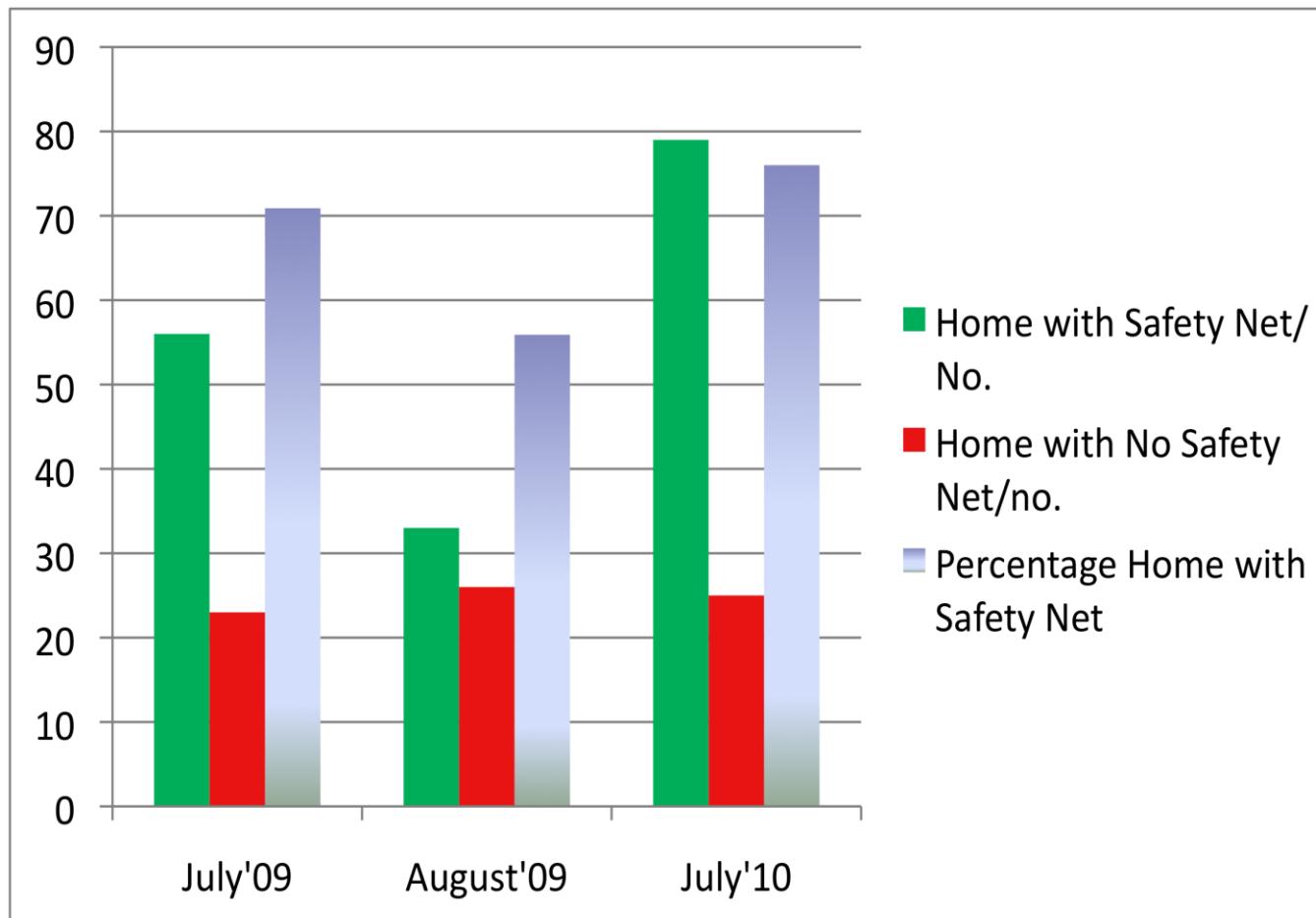
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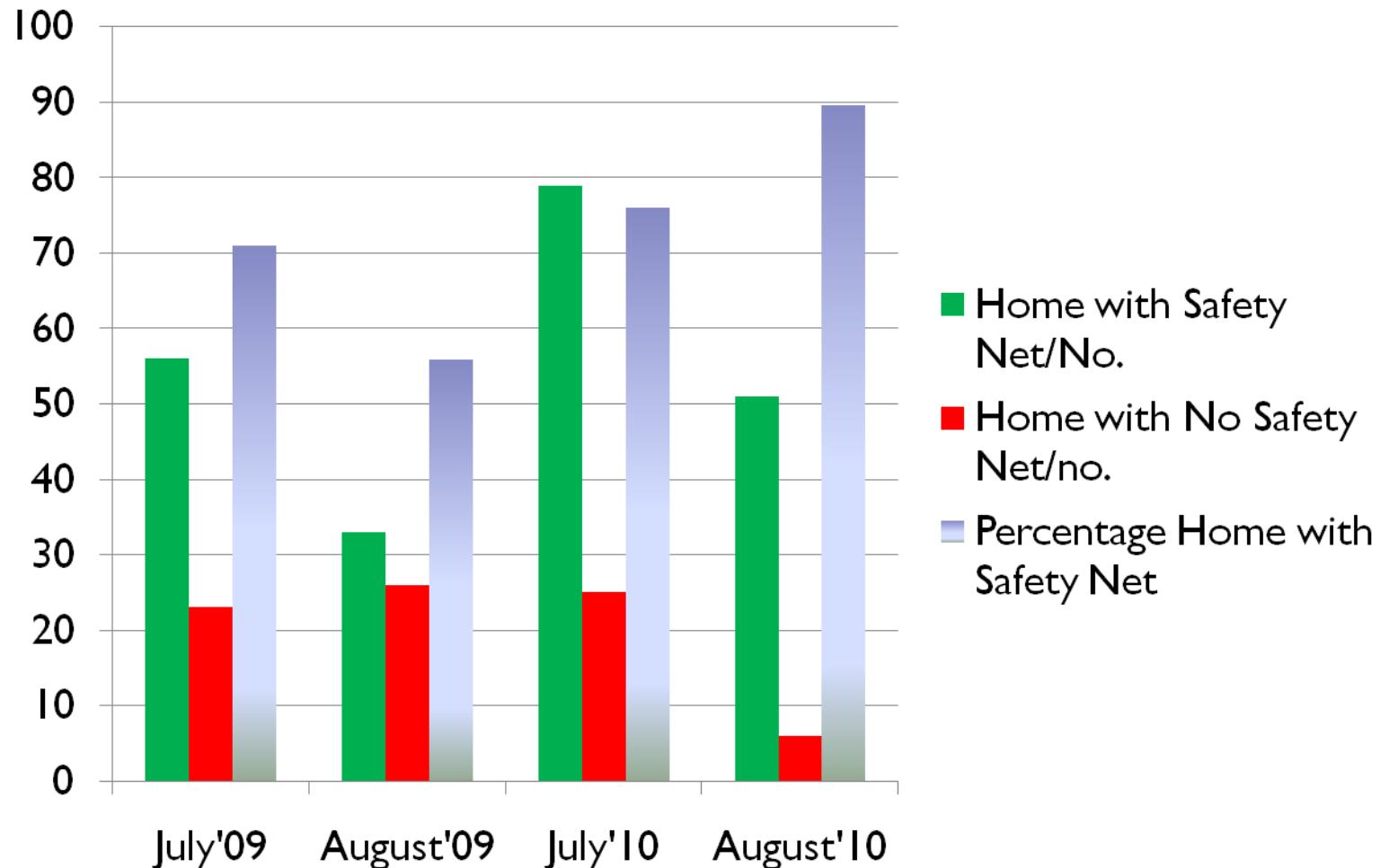
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Results

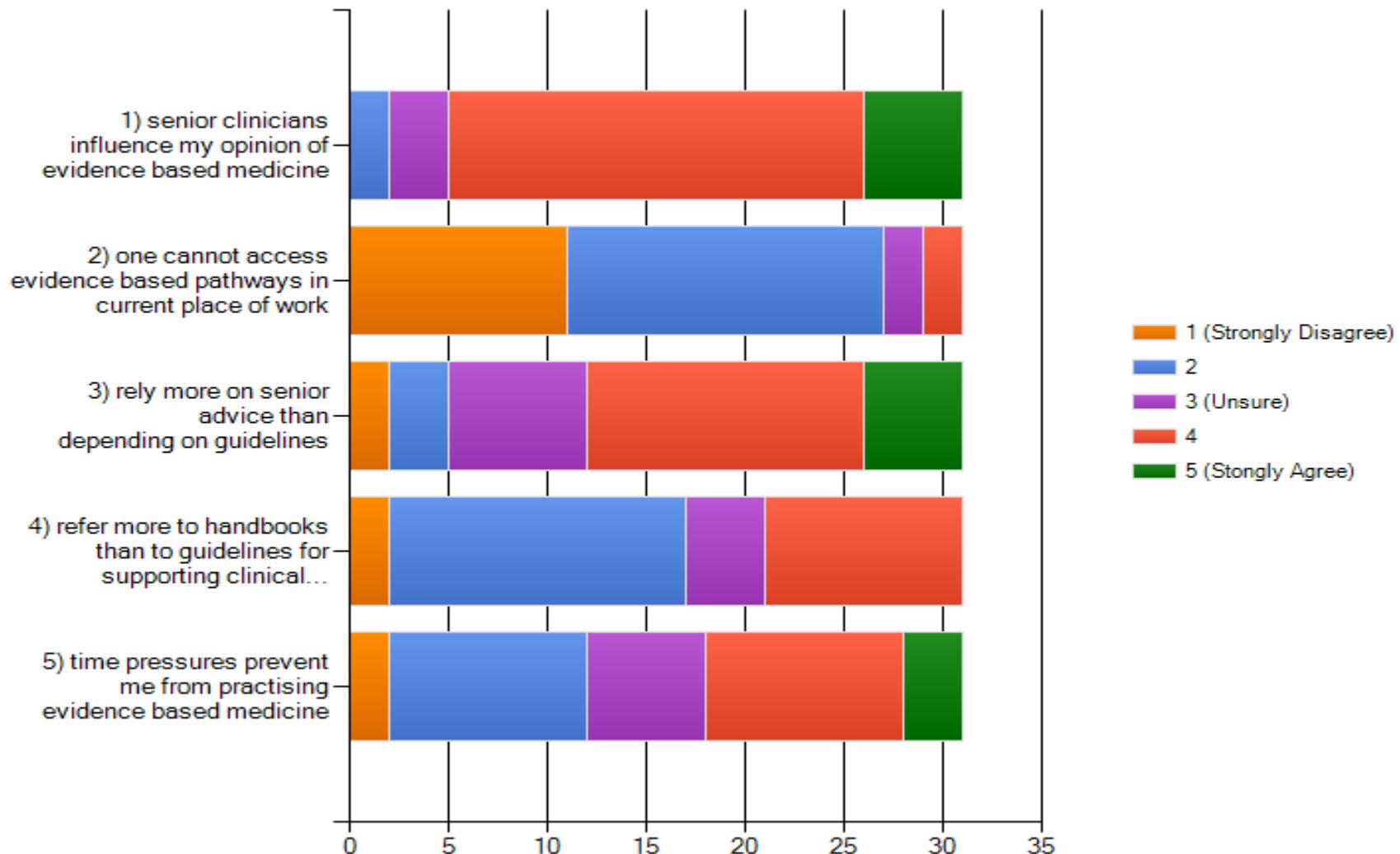


Results



Results

Please state whether you agree or disagree with following statements?



Discussion

- Osmotic uptake versus directed learning
- Intervention versus Induction
- Educate the teacher or the trainer?

- Analysis of website hits, traffic light system and literature review still needed.