

## Fever over 3 Months

### Triage

Age .....  Place Patient Identification Sticker here  Weight .....kg	Date  Time	PEWS   
	Triage Category  Discriminator	

**Brief History:** Child accompanied by .....

Triage nurse signature .....

Named resus/majors nurse ..... Handover time .....

**If temperature  $\geq 38^{\circ}\text{C}$ / unsettled**, give paracetamol or ibuprofen, if none given in the last 6 hours.  
 Give parent/carer a foil bowl to collect urine sample.  
 If child appears unwell consider applying topical local anaesthetic cream: time.....  
**If vomiting**, commence oral rehydration 5ml every 5 mins (give oral rehydration sheet to parents)

### Clinician Review

Clinician name:	History From:	Time/date:	
<b>THINK: IS THIS SEPSIS? REFER TO PAEDIATRIC SEPSIS 6 BUNDLE</b>			
PC:			
HPC:			
PMH:	DH/Allergies	SH:	Immunisation history

**Examination**

General Appearance:	PEWS	Time
	BM	
CVS	/ \	
	o	
Resp	\ /	ext genitalia
Rash	ENT	

**Imp Plan**

	<p><b>Unwell with no source:</b> CCU <input type="checkbox"/> plus consider          bloods: aPaeds <input type="checkbox"/> culture <input type="checkbox"/> VBG <input type="checkbox"/>          CXR <input type="checkbox"/> iv antibiotics <input type="checkbox"/> (seek senior help)</p>
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**Useful Guidelines: (all GG+C )** Feverish illness in children <5 years, Paediatric Sepsis 6, antibiotic guidelines

**If patient is <1 year MUST have senior review**

**Disposal**

<p><b>HOME</b></p> <p style="text-align: center;">↓</p> <p>Fever advice sheet <input type="checkbox"/></p>	<p><b>RHC</b></p> <p>Specialty .....</p> <p>Receiving doctor .....</p> <p>Time accepted.....</p> <p>Transfer to location .....</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <p>↙</p> <p>SAS blue light time ordered</p> <p>.....</p> </div> <div style="text-align: center;"> <p>↘</p> <p>SAS within 1 hour time ordered</p> <p>.....</p> </div> </div>
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Review prior to transfer or discharge

Still appropriate for planned transfer mode? Y / N

Doctor Name .....

Time of review .....

PEWS at discharge .....

Name:	Grade:	Signature:
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Signs of Neglect: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please detail on ED card
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