

Fever under 3 Months

Triage

Age Place Patient Identification Sticker here Weightkg	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 vomiting, commence oral rehydration 5ml every 5 mins (give oral rehydration sheet to parents)

Clinician Review

Clinician name:	History From:	Time/date:
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THINK: IS THIS SEPSIS? REFER TO PAEDIATRIC SEPSIS 6 BUNDLE

PC:

HPC:

PMH:	DH/Allergies	SH:	Immunisation history
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Examination

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

Imp	Plan
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	<p>If unwell – move to resus, place IV access and take bloods</p> <p>aPaeds <input type="checkbox"/> culture <input type="checkbox"/> VBG <input type="checkbox"/></p> <p>CCU <input type="checkbox"/> CXR <input type="checkbox"/></p> <p>iv antibiotics <input type="checkbox"/></p> <p>Otherwise all these children require transfer to RHC</p> <p>CCU whilst waiting for transfer <input type="checkbox"/></p>
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Useful Guidelines: (all GG+C) Feverish illness in children <5 years, Paediatric Sepsis 6, antibiotic guidelines

As patient is <1 year MUST have senior review

Disposal

Refer all to RHC

Specialty

Receiving doctor

Time accepted.....

Transfer to location

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SAS blue
light
time ordered
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Review prior to transfer

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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